

## Professional Development Request for Materials and Supplies

Building/Department: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Ship to: \_\_\_\_\_

Method of Purchase (check one)

- Proceed with normal purchase through Purchasing Department  
 Purchase Card: I will order by purchase card after authorization.  
 Date Purchase Card needed: \_\_\_\_\_  
 Reimbursement: Receipts are attached for reimbursement to

\_\_\_\_\_

*Name*

\*\*\*\*\*

(One Vendor/Company per page)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Catalog Page #	Catalog #	Unit	Description	Quantity	Price Each	Total
				<i>Shipping</i>		
				<i>Page Total</i>		

**Please make a copy of this completed form for your records.**