

SNOQUALMIE VALLEY SCHOOL DISTRICT PURCHASE ORDER REQUEST FORM

Date: _____ Requested by: _____

Department: Business Office Curriculum Maintenance Personnel
 Student Services Superintendent Technology

Vendor: _____

Please send purchase order to vendor by:

- EMAIL: _____
 MAIL: _____
(if different from skyward address)
 ONLINE ORDER

New Vendor? Please provide the following information:

| | |
|---|-------|
| Physical Address: | _____ |
| City/State/Zip: | _____ |
| Remit Address: | _____ |
| <i>(if different from physical address)</i> | |
| City/State/Zip: | _____ |
| Phone: | _____ |
| Email: | _____ |



Attach Vendor's W-9

ORDER DETAIL

Special Ordering Instructions (if any):

Attachments:

- Quote # _____ Contract/Service Agreement Order Form/List/Registration

List items for order (not necessary if attaching a quote):

| QTY | UNIT | ITEM NO. | DESCRIPTION | UNIT PRICE | TOTAL PRICE |
|-----|------|----------|-------------|------------|-------------|
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SUBTOTAL \$ _____
 SHIPPING \$ _____
 TAX 8.9% \$ _____
PO TOTAL \$ _____

ACCOUNT CODE: _____

