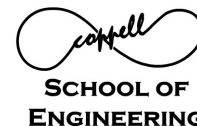


Purchase Request

Priority:

Date:

Date Required:



Coppell High School
School of Engineering
CHS Engineering Booster Club

185 West Parkway.
P.O. Box 1185
Coppell, TX
75019

Phone: 214-496-6237

Fax: 214-496-6166

<http://www.coppellisd.com/engineering>

Submitted By

Name

E-mail address

Phone:

Order Placement

Business Office

EBC

Requestor

Please Note:

Individual reimbursements must have prior approval through the Departments Business office.

If this order will be delivered by truck, add the following to the Purchase Order:

Please: Shrink Wrap Pallets
Pallets can be no more than 800 lbs.
Use sturdy, strong boxes

Reason for purchase:

Quote Obtained? (if so please attach)

Account #	Item# (if Known)	Description	Quantity	Unit Price	Amount

Suggested Supplier Information

Company Name:

Contact Name

e-mail address

Telephone Number

Fax Number

Physical Address

Web Address

Sub-total

Discount

Shipping

Grand Total

Account number : _____

Instructor Signature

Student Leader Signature

Treasurer Signature

Dept. Head or EBC Signature

Reason for Denial: