Person Making Request			Date				
Building (circle one)	District		Northview		Parkside		
Grade Level/Departi	ment/Activit	у					
Credit Card -	Dist MC	PS MC	NV MC	HyVee	Staples	,	<u>WalMart</u>
Vendor Name				Vendor Charge yes r		no	
Vendor Full Address	<u> </u>						
Website (if applicabl	e)						
Phone				Fax			

- ✓ Please complete the following order information OR attach printed list/cart
- ✓ All orders will be placed by the District Office after approval
- ✓ All receipts for Credit Card purchases must be submitted to the principal's office

Quantity	Item Number & Description	Price Each	Total
	Shipping Cost		
	Total Order Price		