Carbon Career & Technical Institute

Purchase Request Form

2023-2024

Date: _____ **Building:** CCTI

Name: _____ **Department:** _____

Vendor/Company/Payee Name/Address:

Name:

Address:

Purpose:

Account Code: **P.O. #**

First Level Approval: _____, Principal **Date:** _____ Final 2nd Level

Quantity	Item/Catalog Number	Description	Unit Cost	Total Cost
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			Shipping & Handling:	
			Total Cost:	$ 0.00

Director Approval: _____, Administrative Director **Date:** _____

Business Office Approval: _____, Business Administrator **Date:** _____ Final