P.O. # _____

# TRINITY ALPS UNIFIED SCHOOL DISTRICT

PO Box 1227
Weaverville, CA 96093-1227
Phone: 530-623-6104
Fax: 530-623-3418

Ship To: _____

Vendor: _____

Date: _____

Date Needed: _____

From: _____

Check One:

☐ Purchase Request

☐ Reimbursement Request

Please use order blank if available

| Quantity | Materials or Service | | | Unit Price | Amount |
|---|---|---|---|---|---|
| | Catalog Code | *B/S | Description | | |
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* B=Book S=Supply

| | | |
|---|---|---|
| | Subtotal: | |
| 7.25% | Sales Tax: | |
| | Shipping: | |
| | Total: | |

Account Code: _____

Requested By: _____

☐ There are sufficient funds to cover this expenditure

☐ Transfer funds from acct. code -> _____

Director of Business Services Signature

Principal Signature

Department Head Signature

Superintendent Signature

10/25/2017