

**WILLARD CITY SCHOOLS
REQUEST TO PURCHASE**

Regular Instruction Department

OR

Activity Fund /Organization

Date _____

Business or Payee

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Quantity	Item Number & Description	Unit Price	Amount

This order is to be (circle one): **FAXED** **MAILED** **MAILED WITH CHECK**
EMAILED BACK TO THE EMPLOYEE
OTHER _____

Requested By _____

Approved By _____