Items Order Form - York Catholic High School

Requested by: ___________________________ Date: ___________________________

Company Information:
  Company Name: __________________________________________________________
  Website Address: _________________________________________________________
  Phone Number: __________________________________________________________
  Sales Representative (if known): __________________________________________

Department the Item(s) is to be charged to: (Check One and complete the information needed below)

☐ School - Department: _____________________________________________
☐ Development - Event: ________________________________________________
☐ Activities/Clubs – Which one: _________________________________________
☐ Athletics – Sport: ____________________________________________________

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Catalog #</th>
<th>Complete Description</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

Approvals:
Department Chair: ___________________________ Principal: ___________________________

To be completed by the Business Office:

Budget line to be charged: ___________________________

Items Purchased: _________ Items Arrived: _________ Invoice Arrived/Paid: _________

Items Order Form