

Items Order Form - York Catholic Middle School & 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: _____

Quantity	Catalog #	Complete Description	Unit Price	Amount
			TOTAL	

Approvals:

Department Chair: _____ Principal: _____

To be completed by the Business Office:

Budget line to be charged: _____

Items Purchased: _____ Items Arrived: _____ Invoice Arrived/Paid: _____