Westlake High School
Purchase / Payment Form

Date _____

APPROVAL _____
Administrator Signature Required

Requesting Teacher Name _____

ACCOUNT _____

VENDOR _____

W9 Attached? Y / N

Address _____
_____

Invoice Attached? Y / N
Check Required? Y / N

City _____
State, Zip _____

Select One: Mailed ☐
Hand Delivery ☐

Quantity	Item Number	Description	Unit Price	Total Price
				$ 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?	$ $ 0.00	$ $ 0.00
Bid Sheet Required if any ONE item is over $1,000 OR if total of all items is over $5,000		TOTAL	$ $ 0.00	$ $ 0.00

Department Approval

Booster Approval Signature_____

Booster Approval Signature_____

ACCOUNT INFORMATION

Available Balance $_____
Balance After Purchase $_____
Income Statement Attached? Y / N