



**School District No.49 (Central Coast)
Shearwater School
Employee Request to Purchase**



Vendor: _____

Date: _____

Purchase Method: In Person
 Internet
 Fax/Phone

Purchase with: Purchase Card
 School Cheque
 Local Charge
 District Cheque Req

| Description of Purchase | Estimated Amount: |
|--|-------------------|
| | \$ _____ |
| | |
| | Actual Amount: |
| | \$ _____ |
| | GST Amount: |
| | \$ _____ |
| GL Code: <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> | |

Requested by Employee: _____ Principal Approval: _____

District Approval: _____



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