Severe Supplies Request Form

|  |  |
| --- | --- |
| Student Demographics (Name, Grade, School) | **Name:** **Grade:** **School:**  |
| AB Ed Code/Rubric No. |  |
| Description (be specific)Price of Item(s) | **Item:** **Price:** **Supplier:**  |
| Provide rationale for purchase of item(s) |  |
| Your Name/School(please print) | **Name:** **School:**  |
| **Principal:** ***please review, date & sign***  | **(School Principal) (Date)** |

**FOR INTERNAL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ACCOUNT | AMOUNT | G.S.T. |
| Received:  |  |  |  |  |  |
| Reviewed:  |  |  |  |  |  |
| Approved By:  |  |  |  |  |  |
|  *(Central Office)* |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| VENDOR No. | CHEQUE No. |  |  |  |  |  |
|  |  | TOTALS |  |  |  |  |