

CUYAHOGA HEIGHTS BOARD OF EDUCATION

ATHLETICS REQUISITION

(Turn in to Building Secretary- include all quotes/carts/attachments/contracts)

DATE: _____ VENDOR NAME _____

YOUR NAME: _____ VENDOR EMAIL ADDRESS: _____

VENDOR'S ADDRESS: _____

After electronic approval, the PO will be emailed to the vendor and you. Please provide the vendor's email address above

CIRCLE: MS or HS GIRLS or BOYS

SPORT:

BASKETBALL	TRACK/FIELD	VOLLEYBALL	BASEBALL
CROSS COUNTRY	WRESTLING	FOOTBALL	GYMNASTICS
GOLF	SOFTBALL	SOCCER	SWIMMING
CHEERLEADERS	ATHLETIC TRAINER	GENERAL ATHLETICS	

CHECK ONE:

() PURCHASED SERVICE () SUPPLIES () TEXT () SUPPL. TEXT () EQUIPMENT () SOFTWARE

FUND	FUNC	OBJ	SCC	SUBJ	OPU	I.L.	JOB	AMOUNT

QUANTITY	DESCRIPTION (detailed)	UNIT	AMOUNT
	SHIPPING AND HANDLING:		
		TOTAL:	

Check if: **New Vendor** _____ (attach W-9 from vendor)

Check if: **Total is more than \$5,000** _____ (allow time for Board approval if you checked either one)

Check if: **Item is more than \$3,000** _____ (attach 3 bids/quotes for single items exceeding \$3,000)