



Proposed Foundation Purchase Request

Proposal Information

Date Requested: _____ Requestor: _____

Sno-Isle Program Name: _____

Item(s)/Service Requested: _____

Purchase Amount: _____ Name of Proposed Vendor: _____

How will this item(s)/service be used?

****Attach a quote or Itemized List (page two of this form) of item(s)/service proposed for purchased****

Approved By (Prior to Purchase) Sno-Isle TECH Skills Center Director or Designee

Signature: _____

Date Signed: _____

Foundation Use Only

Date Request is on the Foundation Board Meeting Agenda: _____

Foundation Decision: _____

Itemized List of Proposed Item(s)/Service

(Only complete this if you are not attaching a company quote)

Item No.	Description	Qty.	Price Per Item	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: _____
Tax: _____
****Shipping:** _____
Grand Total: _____

Please indicate quoted shipping method here: _____