Canyons School District

Request For Light Bulbs (Do Not Include Ballasts)

School Location: _____

Purchase Order # _____

Date Ordered: _____

Fund	Type	Location	Program	Function	Object
10	E		9710	2690	617

Budget

Work Order #

	1	2	3
Vendor			
Address			
Phone			
Fax			
Quoted by			
Terms			

Sole Source Vendor

☐ Yes ☐ No

Reason:

State Contract

Contracted Service _____

Qty	U/M	Description	Unit Cost	Ext	Unit Cost	Ext	Unit Cost	Ext
		Total Quote						

Additional Info:

Requested by: Date:

Approved by Leadman: Date:

Director/Coordinator Approval: Date:

Comments: