

Materials Request



Mount Carmel School

Post Office Box 500006
 Saipan, MP 96950
 Tel: (670) 235-1251
 Fax: (670) 235-4751
 E-mail: mscarmel@vzpacifica.net

Request by: _____

Date: _____

Department: _____

Vendor: _____

For each item you are requesting please:

- Include a description of each item;
- Attach a copy of the catalogue page and order form (or request a vendor);
- Describe which objective the item is needed for;

Description of item(s)	Qty.	Indvl Cost	Qty Cost	Remarks
1			\$	

Objective:

2			\$	
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Objective:

3			\$	
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Objective:

4			\$	
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Objective:

If the above materials are approved, please sign below.
 Otherwise, write "not approved" in the space provided and return to requester

Total Cost: \$ _____

Reviewed by:

Reviewed by:

Concurred by:

 Department Chair

 Vice-Principal of Curr. & Inst.

 Principal

Fund Certified by:

Approved by:

 Business Manager

 President