

## Franklin High School Purchase Approval Form

5405 SE Woodward St. Portland, OR 97206

Date: -

Vendor Name:						
Name of Club/Team:						
Requested b	oy:					
Purpose of p	ourchase:					
Fill out the form below or attach the quote from the vendor. (Send a link to bookkeeper if available)						
Quantities Des		scription P			Total Amount	
			Tatal	1.		
Total:						
SBF Account to be charged						
No.		Acct Name	Amou		nt	
	4.5		_	_		
Club Adviso	or/ Coach ———		Date:			
School Adm	nin/A.D. ———		Date			