

SCHOOL OF HOPE

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soh.accounts@ecacs16.ab.ca

Office Use Only:

PO # _____

Date: _____ Initial: _____

REQUEST for ADDITIONAL CURRICULUM RESOURCES**Family Name:** _____ **Contact Phone:** _____**Suggested Supplier Information:** (subject to change by SOH depending on price & availability)

Company Name: _____ Store #: _____

Address: _____ City: _____

Contact: _____ Phone: _____

Email: _____ Fax: _____

Student Name	Item #	Item Name/Description	Qty	Price Each

This form is a request only.

- After the request is approved, a Purchase Order will be faxed to the Company (A quote may also be sent to us directly and must have contact information of supplier and family contact information to process.)
- The Company, depending on their policies, can then release the goods being purchased as the School of Hope guarantees payment with their Purchase Order. Additional items cannot be added after purchase order has been issued.
- Processing Purchase Orders do take time - we appreciate your patience.

Parent Signature: _____

Date: _____

Teacher Approval: _____

Date: _____