SANDIA PREPARATORY SCHOOL

Purchase Order / Check Request / Credit Card Payment Request

A n: Accounts Payable 532 Osuna Rd NE Albuquerque, NM 87113 Ph 505-338-3000 Fax 505-338-3099

www.sandiaprep.org

Payee: Mac to School

Contact Name: Amber Leimbock

Address: 1530 Montague Expwy
San Jose, CA 95131

Phone:

Fax

PO Number 180028

Date 8/31/17

Check one below

✓ PO

_____ Check Request

_____ SPS Credit Card Holder: _____

_____ Pe y Cash

If Check Request, please check below:

_____ Mail Check

_____ Return check to requestor

_____ A ach forms to check

VENDORS: THIS PURCHASE ORDER IS NOT VALID UNLESS PROPERLY APPROVED. CALL IF YOU HAVE QUESTIONS ALL INVOICES NEED TO REFERENCE A PO NUMBER

For the year ending: _____

Quan ty	Item #	Descrip on	Date Required Unit Price	Extended Price
2		Macbook Pro 13" refurbished	599-	1,198-
			Shipping	
			Tax	
			Total	1,198 -

Funds come from Parents Association end of year award for College counseling room.

Re ssary and are directly required for o cial

sci

Requestor Printed Name: Jennifer Davidson

Date: 8-25-17

De quest. This P.O. has been evaluated in the

cor uirements. I can accommodate this purchase

wit

Pur

epartment Chair Signature: [signature]

Date: 8-25-17

CFO: DRC

Date: 8/30/17

If over 1,000

Head of School: [signature]

Date: 8/30/17

Account No: 01-7010-630

Amount: $1198 -

Other Cordina on (ini als)

Facili es: _____

Info Technology: _____

Restricted Funds Use? _____

Acct# _____

Please submit completed forms to the Business O ce for weekly processing