



Oasis PT SO
7841 W Sweetwater Ave
Peoria, AZ 85381
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Oasis PT SO Purchase Request

Teacher/Staff Name: _____ Date of Request: _____

Grade(s): _____ How Many Students will benefit? _____

Description of Purchase/Project: _____

Explanation of Purchase/Project use: _____

Amount Requested: \$ _____

*Itemize needs or provide a written quote if available, include shipping, taxes, and all associated costs

Turnaround Time: immediate need (delivery <2 weeks) upcoming need (delivery > 2 weeks)

PTSO will execute the purchase please provide the supplier information below. Omit this section if a written quote containing the contact information is provided

Name of Supplier: _____

Contact Name: _____ Contact Phone Number: _____

For PT SO Use Only

Review Record: _____ Completed by: _____

Date received by the PT SO: _____

Date of PT SO Review: _____ Approved: Denied: Tabled:

Comments: _____

Expense Record: _____ Completed by: _____

Check made payable to: _____

Check #: _____ Date Paid: _____ Amount: \$ _____