

LIST OF ADDITIONAL VENDORS

School Name: _____

Initiative: _____

Proposed Date of Purchase: _____

Vendor Name: _____

Preliminary Invoice Total: \$ _____

Expenditure Type: _____

Vendor Name: _____

Preliminary Invoice Total: \$ _____

Expenditure Type: _____

Vendor Name: _____

Preliminary Invoice Total: \$ _____

Expenditure Type: _____

Vendor Name: _____

Preliminary Invoice Total: \$ _____

Expenditure Type: _____

Vendor Name: _____

Preliminary Invoice Total: \$ _____

Expenditure Type: _____