

Sherman Independent School District
COVID-19 Purchasing Documentation

Vendor: _____

Items: (or attach vendor quote / estimate)

Item #	Description	Quantity	Unit Price	Total Price

Justification for Purchase:

Director / Principal Signature: _____ Date: _____

Contact Person (if different): _____

For Business Office Use	
PO/CR/JE	_____
Invoice #	_____
Invoice Amount	_____
Check #	_____
Check Date	_____