



**McCullough  
PTO**

# Wish List Request

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Department: \_\_\_\_\_

Deliver to Room #: \_\_\_\_\_

**DEPARTMENT HEAD APPROVAL:** \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_

Vendor Address1: \_\_\_\_\_

Fax Phone: \_\_\_\_\_

Vendor Address2: \_\_\_\_\_

Preferred CISD vendor? YES / NO

Vendor Website (if any): \_\_\_\_\_

QUANTITY	ITEM#	DESCRIPTION	UNIT PRICE	DISCOUNT PRICE	LINE TOTAL	Line Item Priority (1=high priority)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
					SUBTOTAL	
					SHIPPING	
					TOTAL	

<b>PTO USE ONLY</b>	Received:	
	Approved:	
	PO#	
	Ordered:	
	Payment:	