



Requisition (Purchase Request)*

Debit Purchase*

P-Card Purchase*

Check Request*

Date:

Business Office Use Only

Check # _____

Vendor's Acct. #: _____

Vendor's Order #: _____

School's P.O. #: _____

Authorization

Approval Signature** _____ Date _____

Your Name: _____

Vendor's Name: _____

Address (if new): _____

City, ST, Zip: _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Please indicate which State or Federal Programs you are using. Multiple Programs? Check all that apply and provide details below.

- Special Education Foodservice CTE LAND Trust K-3 Reading Improvement Other (detail below)
- Title I Title II Library Gifted & Talented Early Interventions "Unknown- Help me!"

Please indicate which internal budgets/programs you are using. Multiple budgets? Check all that apply and provide details below.

- Classroom Supplies Budget (individual) Art Program Library Sports Club _____
- Grade Level- enter grade level in box: _____ PE Program Administration Other (detail below)
- Subject Area- identify in box: _____ Music Program Custodial/Maintenance Electives (detail below)

QTY	Item Number	Description & Purpose with Program Details (as applicable)	Unit Cost	Total Cost

Additional Notes (e.g. Charge 50% to my classroom and 50% to the school per Mr. Seminario) :

*Purchases must be made according to state law, school policy and authorized budgets. School policies are available in employee handbooks/manuals and are also available in the Business Office.

**This form must have all applicable approval signature(s) before purchase or payment is made.

TOTAL	\$0.00
--------------	---------------