HAYS CISD FEDERAL PROGRAMS Purchase Request Form

SCHOOL NAME			Today's Date:							
ADDRESS				Re	quisition #:				•	
CITY, STATE, ZIP+4				Purchase Card:						
		Office		Request fo	or Check #:					
		Fax			•				•	
This is <u>not</u> an active purchase order and cannot be used for any purchases.										
Vendor Name:								Vendor #:		
\	/endor Co	ntact emai	l & phone:					•		
				FUNDING	For Purch	ase	e:			
Account			Balance				Verified?	ı	Principal/Direc	tor Approval
Budge	et?							Х		
							Verified?	Fe	deral Program	s Dir Approval
								Х		
Account			Balance				Verified?	I	Principal/Direc	tor Approval
Activity Fund?								х		
If activity	fund, ass	ignment na	me & numb	er:						
Budget Code:					Budget Code	2:				
Budget (Code:			Budget Code	2:					
Order Des	scription:									
** You only ha	ave to enter lin	e 1 if you attach	a quote or shoppi	ing cart ** ente	r "see attached Qu	ote" (or "Cart attache	d"		
Quantity			Description						Unit Price	Amount
					Es	stim	ated Shipp	ing:		
Requested By: DATE:										

* Staff please forward completed form with quote/bid/contract or other supporting documentation to your bookkeeper *

Printed Name

^{**} Bookkeeper, please attach all backup in TCM for Requisitions, Request for check & Purchasing cards **