

PURCHASE REQUEST / AUTHORIZATION AND P.O. NUMBER ASSIGNMENT

STAFF MAKING REQUEST: _____

CENTER: _____

DATE REQUESTED: _____

DATE NEEDED: _____

VENDOR: _____

PLEASE CHECK ONE: KITCHEN: _____

CLASSROOM: _____

PURCHASE ITEMS REQUESTED:

APPROXIMATE AMOUNT:

FUND ACCT:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL EXPENDITURE EXPECTED: _____

OFFICE USE ONLY:

STAFF AUTHORIZING PURCHASE: _____

DATE: _____

PO NUMBER ASSIGNED: _____

STAFF COMPLETING FOLLOW-UP ON PURCHASES: _____

DATE: _____

NOTES: _____

DIRECTION:

After completing top of form (including items and expected amount), fax to the South Pittsburg office for review. Purchases are NOT to be made without approval from office with a returned fax with p.o. number included. After receiving approval, purchases may be made as indicated. Attach this form (with approval noted on this form) to the receipt and turn into the South Pittsburg Office with your regular paperwork.

Please note that purchases are NOT to be made without this form and approval.

DO NOT FILL OUT A P.O. FOR THESE ITEMS AT YOUR CENTER!!