

School: Choose a location.		Date:	
Purpose: (must check one): ☐ Standards Instruction / Compliance ☐ Safety / Security ☐ Productivity ☐ Consumable ☐ Replacement ☐ Other _____			

Program Code (check only one): ☐ QBE ☐ Charter ☐ CTAE ☐ Gifted ☐ Media ☐ Title I ☐ Pre-K ☐ L4GA ☐ Title V ☐ Special Ed			
Expenditure Category (check only one): ☐ Purchased Services 300 ☐ Computer Software 532/612 ☐ Expend. Equip < \$5000 615 ☐ Textbooks 641 ☐ Books/Periodicals 642		☐ Repairs 430 ☐ Supplies 610 ☐ Expend. Comp Equip< \$5000 616 ☐ Dues & Fees 810	

P.O. #

[illegible]

Account Number:				SUB-TOTAL	
... Attach order form if necessary <i>Please Do Not Write on Back of this Form</i>				TOTAL	

If amount exceeds \$3,000 check one: ☐ Preferred vendor ☐ 2nd quote attached