EQUIPMENT PURCHASE REQUISITION

VENDOR: **SHIP TO:**

_____ _____

_____ _____

_____ _____

Date Needed: _____

Funding Source: _____

QUANTITY	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
TOTAL			

**** Total (including all applicable tax and shipping)**

Purpose: _____

_____

Prepared by: _____ Date: _____

Principal/Supervisor: _____

_____ **Approved** _____ **Not Approved**

Superintendent's Signature _____ Date: _____

Please be reminded that any equipment purchase totaling $500.00 or more needs to be approved by your supervisor and the Superintendent.

PLEASE PRINT ON BLUE PAPER

3/30/2017