PURCHASE REQUISITION

DATE:		VENDOR NAME:	
DELIVER TO:	110 EAST GARNER STREET	ADDRESS:	
	DETROIT, TX 75436		
DATE REQUIRED:		TIPS CONTRACT #	

PAGE NUMBER		QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

USE DROP -DOWN MENU TO INDICATE CIP/DIP GOAL, STRATEGY, AND ACTIVITY REFERNCE.

GOAL	OBJECTIVE	STRATEGY

Data Disaggregation	1
High Quality Instruction	2
Highly Qualified Staff	3
Parental Involvement	4
Safety and Security	5
Student and Community Engagement	6
Technology Integration	7
Timely Intervention	8
Career Development	9

ACCOUNT CODES

REMARKS	AUTHORIZED OFFICIAL	DATE
	ORIGINATOR	DATE

It is the teacher's job to get the:

Vendor Name, Address, & Telephone number

The day they need check

A clear description of what it is they need

Attach a copy of order form or something showing what it is they are ordering.

After the purchase order is approved, it is their job to place the order.

REMEMBER:

YOU MUST HAVE A PURCHASE ORDER BEFORE YOU ORDER ANYTHING

TRAVEL INFORMATION

EVENT: _____

DATE OF EVENT: _____

OF STAFF _____ # OF STAFF ROOMS _____

OF STUDENTS _____ # OF STUDENT ROOMS _____

Student Meal Rate $10

STAFF MEALS _____ # STUDENT MEALS _____

Staff Meal Rate $10, $14, & $16

ATTACH A ROSTER