MINEOLA INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

REQUESTED BY _____ DATE_____

VENDOR NAME _____ CAMPUS_____ DEPT/GRADE_____

ADDRESS _____ FOR USE BY: SUPPLIES ☐ CONT SERV ☐ TRAVEL ☐ FIXED ASSETS ☐

CITY_____STATE_____ ZIP_____ REG ☐ VOC ☐ ESL ☐ GT ☐ ST COMP ☐

MISD LOCAL VENDOR ☐ *GENERAL SERV COMM ☐ REGION VII CO-OP ☐ *SOLE SOURCE ☐ *UIL ☐ (*LETTER MUST BE ATTACHED)

ITEM NUMBER	DESCRIPTION/CONFIGURATION	QUANITY	UNIT PRICE	TOTAL
			SUB TOTAL	
			SHIPPING	
			GRAND TOTAL	

SUPERVISOR APPROVAL _____ DATE_____

PRINCIPAL APPROVAL – 1ST _____ DATE_____

PRINCIPAL APPROVAL – 2ND _____ DATE_____

BUS MANAGER APPROVAL _____ DATE_____

SUPERINTENDENT APPROVAL _____ DATE_____

DISAPPROVED_____ DATE_____

REASON: * NO FUNDS ☐ *UNAPPROVED VENDOR ☐ *INCOMPLETE ☐

*OTHER_____

*IF AN ORDER FORM EXIST PLEASE ATTACH

*PLEASE ADD SHIPPING OR NOTE IF IT IS FREE

*INCLUDE ALL DISCOUNTS

FOR OFFICE USE ONLY: PROPERTY INVENTORY _____ AUDIO VISUAL INVENTORY_____