Purchase Requisition Form

#### Heights High School

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Department** | **Date** |
|  |  |  |
| **HISD Approved Vendor Name**  | **Vendor Sale Rep/Contact Information (if available)** |
|  | **Email:** |  |
| **Phone:** |  |
| **Instructional justification for Purchase relevant to TEKS and/or for student academic growth (Required):** |
|  |
| **Funds Requested From (Required)** | **Purchase Method** |
| □ School Budget **\*Must use HISD Board Approved Vendor**□ Activity Fund Name: | □ Requesting Business Office to Place Order□ Requesting Preapproval for Reimbursement of Purchase**\*ONLY for Activity Fund** |
| **Description of Item** ***(Please attach quote, back-up documentation, or shopping cart print out)*** | **Quantity** | **Unit Price** | **Total Price** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **(See Attached List For Additional Items)** |  |  |  |
| **Total** |  **$** |
| **Signature/Name Typed of Requestor** | **Additional Instructions or Notes** |
|  |  |
| **\*Appraiser/Dept. Administrator -\*Approval required** | **Additional Instructions or Notes** |
|  |  |
|  | DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY |  |
| **Budget Approval** | **Additional Instructions or Notes** |
|  |  |
| * Shopping Cart
* ProCard
* Reimbursement
 | **Fund** |  |
| **Fund Center / Cost Center** |  |
| **Commitment Item / GL** |  |
| **Functional Area** |  |
| **Card Used** | Date Processed |
| ***Credit Card Number:*** |  |  |
| ***Card Holder’s Signature:*** |  |
| **Shopping Cart#-** | **PO#-** | **Confirmation#-** |