Purchase Requisition Form

#### Heights High School

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | | | | | | | |  | |  | | | | |  |
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|  | | | | | | | |  | |  | | | | |  |
| **(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#-** | | | | | | |