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**Note:** For Self Reimbursements; original sales receipts must be attached to the purchase order.

**\*Sales Tax is NOT reimbursable.**

**PLEASE CHECK ONE:**

 Self Reimbursement

 Order Supplies through

 a Vendor

**PURCHASE ORDER REQUEST FORM**

**TODAY’S DATE:**

**STAFF NAME:**

**SCHOOL LOCATION:**

**PURCHASE REQUEST:**

**NAME OF VENDOR:**

**VENDOR ADDRESS:**

**VENDOR TELEPHONE #:**

**VENDOR FAX #:**

**ONLINE OR CATALOG INFORMATION REQUIRED:**

 **WEBSITE ADDRESS/CATALOG:**

 **ITEM #:**

 **QUANTITY:**

 **DESCRIPTION OF ITEM(S):**

 **COST PER ITEM:**

 **SHIPPING COSTS:**

**\*It is your responsibility to notify the Program Secretary that your shipment has been delivered to you ASAP.\***

**EDUCATIONAL PURPOSE:**

**TOTAL AMOUNT OF PURCHASE:**

**STAFF SIGNATURE: DATE**

**[ ]  APPROVED: PROGRAM TO BE CHARGED:**

**[ ]  DENIED**

**[ ]  PARTIALLY APPROVED FOR: $**

**PROGRAM COORDINATOR SIGNATURE: DATE**

**PROGRAM DIRECTOR SIGNATURE: DATE**

**\*EXECUTIVE DIRECTOR SIGNATURE: DATE**

**\*REQUIRED FOR PURCHASES $500 AND UP.**