

BUUSD Purchase Requisition Form for **2020-2021** Expenditures

For Employee Use: Please fill out completely.

Ship to: (Employee Name, School)

Vendor Name: (Check will be made out to)

Employee

Address _____

School

City/State/Zip: _____

FAX #: _____

Phone #: _____

Website: _____

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Please explain the purpose/need for item(s) requested below:

Item #	Item Description	Quantity	Unit Price	Total
			TOTAL:	

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FOR SPED CENTRAL OFFICE USE ONLY revised May 2020

- Procurement Form is attached (grant funding)
- SAM.gov has been checked & a copy of results attached (grant funding).
- Order has been placed

P.O.# _____

Funding Source- Account # _____

APPROVED BY: _____ DATE: _____