

BUUSD Purchase Requisition Form for 2021-2022 Expenditures

For Employee Use: Please fill out completely.

Vendor Name: (Check will be made out to)

Address _____

City/State/Zip: _____

Email: _____

Phone #: _____

Website: _____

Ship to: (Employee Name, School)

Employee

School

Employee Signature

Building Administrator

Grant Manager

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

Item/Catalog #	Item Description	Quantity	Unit Price	Total
TOTAL:				

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FOR CENTRAL OFFICE USE ONLY

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

Funding Source- Account # _____ P.O.# _____

APPROVED BY: _____ DATE: _____