

## BUUSD Purchase Requisition Form for 2021-2022 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:\_\_\_\_\_

\_\_\_\_\_  
Employee Signature                      Date

Email:\_\_\_\_\_

\_\_\_\_\_  
Building Administrator                      Date

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Grant Manager                                      Date

Website:\_\_\_\_\_

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

Item/Catalog #	Item Description	Quantity	Unit Price	Total
<b>TOTAL:</b>				

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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: \_\_\_\_\_