MAGOFFIN COUNTY PUBLIC SCHOOLS
P.O. Box 109
Salyersville, Kentucky 41465

NOT VALID WITHOUT PURCHASE ORDER NUMBER

REQUISITION FORM

Kentucky Sales Tax Exemption No. B-1159

Date	**School**
Vendor #	**School No.**
Vendor	**Ship To:**
Address	**Address**
City/State/Zip	**City/State/Zip**
Phone #	**Phone #**

Qty Ordered	Qty Received	Catalog Number	Describe the Items or services to be purchased/provided **ITEMS/SERVICES ORDERED**	Unit Price	Total

SUBTOTAL:

Estimated Shipping/Handling:

TOTAL:

TO BE COMPLETED BY PURCHASER

PROCUREMENT METHOD(CHECK APPROPRIATE BOX)

Sealed Bidding ☐ **Competitive Negotiations** ☐ **Small Purchase** ☐

Noncompetitive Negotiations (also check one of the methods listed below:

- ☐ **Single Source**
- ☐ **Perishable**
- ☐ **Resale Items**
- ☐ **Professional Services**
- ☐ **Replacement Parts**
- ☐ **Reduced Price**

Special Instructions: Invoices shall be applicable to a single purchase order. Do not invoice for "Backordered Items." We will not be responsible for changes made to this order unless property confirmed. The purchase order number must be reflected on all invoices. Purchases are unauthorized without a purchase order number.

CODING		
ORG	**OBJ**	**PROJ**

Signatures (3 Required)

_____
Purchaser

_____
Approved by School Administrator/Program Coordinator

_____
Approved by Director of Finance/Superintendent

FINANCE USE ONLY	
Available Budget	
Correct Procurement	
Vendor is on bid	
Signatures	
Coding	