

Black Hawk School District

Purchase Requisition

Date of Request: _____

Requested By: _____ Signature: _____

Make Check Payable to: _____
(Employee/Individual/Vendor)

(address)

(City, State, Zip)

Phone #: _____ Email Address: _____ Fax #: _____

DESCRIPTION OF CHECK REQUEST/REQUISITION

(Substantiating document(s) must be attached....ie: quote, receipts, conference registration - note: sales tax is not reimbursable and purchases that are not pre-approved may not receive reimbursement)

Quantity	Item Number	Item Description	Unit Price	Total

IS THIS PURCHASE TO BE MADE WITH GRANT FUNDS YES/NO
ONCE PURCHASE IS APPROVED, WHO WILL PLACE THE ORDER YOU OR MELISSA

Business Office Use Only

**Funds
Available**

ACCOUNT CODES: _____ - _____ - _____ - _____ - _____ = \$ _____	Y/N
_____ - _____ - _____ - _____ - _____ = \$ _____	Y/N
_____ - _____ - _____ - _____ - _____ = \$ _____	Y/N
_____ - _____ - _____ - _____ - _____ = \$ _____	Y/N

Administrator's Approval