



# DUNCANVILLE ISD

*Writing success stories, one student at a time.*

## **DUNCANVILLE ISD PURCHASE \$10,000 - \$49,999 REQUEST FORM**

**(Not required for Operations Departments)**

\_\_\_\_\_  
(Campus/Department Name)

\_\_\_\_\_  
(Date Submitted)

**Purchase Description (Goods, Services, Products, Quantity)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will goods/services purchased be used?**

\_\_\_\_\_  
**Who is the vendor?** \_\_\_\_\_

**Total amount of purchase: \$** \_\_\_\_\_

**Is the vendor a member of a cooperative? BuyBoard, TCPN, EPCNT, etc. YES or NO**

**If so, which cooperative(s)?** \_\_\_\_\_

**How will this purchase be paid for? (Give account code)** \_\_\_\_\_

**Will federal funds be used YES or NO**

### **APPROVALS:**

\_\_\_\_\_  
(Principal Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Department Director Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Federal Programs Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Chief of Schools/Chief Academic Officer/SLT Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(CFO/Accounting Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(CTO Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Purchasing Signature) **Date:** \_\_\_\_\_

\_\_\_\_\_  
(Superintendent of Schools/Chief of Staff Signature) **Date:** \_\_\_\_\_