



Lake Worth ISD Order Request

Campus/Department _____ Requested by: _____

Vendor Information

Name: _____

Address: _____

Phone #: _____

Email: _____

Purchasing Method

Approved Vendor List: RFP# _____

Co-Op Name & Contract # _____

Interlocal w/ _____

Sole-Source [Must have approved request]

ECommerce Vendor?

Taxable Sales Purchase?

Requisition Type

Purchase Order [Attach quote(s)]

Check Request [Attach invoice/supporting information]

Special Instructions [i.e. include Quote# on PO, etc]

Information Needed for Purchase Order Entry:

Describe what item(s), product(s) or services will be used for; by whom (dept/grade level) and location and/or date, etc.

Attach a copy of the quote, comparison pricing (if applicable), or cart showing items to be purchased, pricing, quantity, etc.

*Required: Select the LWISD Strategic Plan Goal [The Strategic Plan Goals are listed on page 11 of the LWISD Strategic Plan (Rev Dec. 4, 2021)]

Budget Code(s): _____ Purchase Total: \$ _____

**Required for FEDERAL Funds PO Requests (2XX). All items must be checked or indicated as N/A*

Completed/Attached	Required Action and/or Documents
	Approval from Teaching & Learning Dept.
	Determine Purchasing Method of desired vendor.
	New Vendor Request form submitted to Purchasing Dept (if applicable).
	Quote requested and received with Co-Op contract # indicated (if applicable) with correct shipping address
	Signed Order Request Form with purchasing method, proper description & special instructions.
	Price Comparison(s) for like items on POs \$25,000 or over. Requested price must be reasonable. Write N/A if PO is less than \$25,000.00.
	Sole-Source Request form completed/signed by administrator (if applicable). Note: Rarely allowed.
	P4L Funding Summary with highlighted requested fund & resource needed. One page only.

Checklist completed: Campus/Dept Secretary Signature _____

***This section must be completed & signed by Campus/Department Secretary and emailed to: Admin/Federal Programs.**

All documents must be scanned and named appropriately (as bolded above) as separate attachments.

Keep originals for your records. You will receive an electronic copy of the approved PO once processed.

Principal/Administrator Signature _____ Date _____

For Activity Accounts Funds:

Student Representative Signature (865 codes only): _____ Date _____

Faculty Representative Signature: _____ Date _____