



# 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.

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

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

<i>Completed/Attached</i>	<i>Required Action and/or Documents</i>
	Determine Purchasing Method of desired vendor.
	New Vendor Request form submitted to Purchasing Dept (if applicable).
	<b>Quote</b> requested and received with Co-Op contract # indicated (if applicable) with correct shipping address
	Signed <b>Order Request</b> Form with purchasing method, proper description & any special instructions indicated.
	<b>Price Comparison</b> (s) for like items (Does not have to be official quote. Can be from Walmart or Amazon, but cannot purchase from them with federal funds.) Requested price must be reasonable.
	<b>Sole-Source</b> Request form completed/signed by administrator (if applicable). Note:Rarely allowed.
	<b>P4L CIP Funding Summary</b> 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 \_\_\_\_\_