

Small Purchase Authorization Form

Date: _____

Determination # WCNB202X-
Finance Use Only

School or Department: _____

Amount of Purchase: _____

Vendor Name: _____

*Please check one:

1. <\$2,500

2. >\$2,500<\$5,000

Must attach WCPS Vendor Price Quote Forms with two (2) quotes and complete Page 2

3. >\$5,000<\$20,000

Must attach WCPS Vendor Price Quote Forms with three (3) quotes and complete Page 2

A new form must be completed for each purchase; but each form must include the total estimated amount of all like-item, similar purchases for FY18. **This form must be attached to your eSchoolMall requisition.*

Explanation (required):

Requested by: _____
Originator

Date: _____

Recommended by: _____
Director / Principal

Date: _____

Approved by: _____
Superintendent Designee

Date: _____

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Quote Summary

	Vendor name	Brief item description	Q	P	Total
1	_____		X		=

2	_____		X		=

3	_____		X		=

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