

## ${\bf P}^{\rm ATERSON} \; {\bf P}^{\rm UBLIC} \; {\bf S}^{\rm CHOOLS}$



Business Services 90 Delaware Avenue, Paterson NJ 07503 Office: (973) 321-0772 Fax: (973) 321-0899

Richard L. Matthews School Business Administrator Email: rlmatthews@paterson.k12.nj.us

Deputy Superintendent

Eileen F. Shafer, M.Ed. Schools Superintendent

## **REQUISITION RATIONALE FORM**

B. Operational Rationale Provide a brief explanation how this purchase is of operational value to your school/office. Note whether any goods/services are being utilized on a regular basis and whether they are useful on a necessary at this time.)  C. Light Meals: Refreshments – Student or Parent Activities – N.J.A.C. 6A:23A-5.8(e) Provide a description and purpose of student or parent activity. Document the makeup of the group board members included in the group. (Use back if necessary).  Name of School/Office Administrator/Supervisor  Signature:	
Provide a description and purpose of student or parent activity. Document the makeup of the group board members included in the group. (Use back if necessary).  Name of School/Office Administrator/Supervisor  Signature:  Name of Vendor  Amount \$ Account #	
Administrator/Supervisor Date  Signature: Date  Name of Vendor  Amount \$ Account #	up participating. Attach a list of employees or
Name of Vendor Account #	
Amount \$ Account #	
Approved Not App	
Other:	
School Business Administrator  Date Superintendent of Schools (On A	