Colorado Springs School District 11 Grants

Grants Department
Purchase Request

TODAY'S DATE		DATE NEEDED

Requested By:		**Dept/School:**	
Grant Code/Name:		**Phone:**	

Vendor Information - *(only ONE vendor per request)* *	
Name:	
Address:	
Phone number:	

**Example: Amazon would be (1) vendor with multiple lines*

REQUIRED Quote Attached

YES ☐

Item #	Description	Quantity	Unit Price	Amount
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

REASON FOR PURCHASE: ***FOR TITLE EVENTS - NAME, DATE, TIME & USIP PURPOSE***

**REQUIRED* Please provide a brief description of purchase and how items will be used in alignment with your grant budget.*

Sub-Total	$ 0.00
S & H	
Grand Total	$ 0.00

Purchase Order: ☐

Pcard: ☐

Approval Signatures for Purchase		
Principal or Director:		**Date**
Grants Specialist:		**Date**
Grants Funding Manager:		**Date**
Grants Director:		**Date**

To be completed by GRANTS OFFICE ONLY	
Funding String	
Special Instructions	

Updated 04/10/2025