

Activity Date: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**DESOTO COUNTY SCHOOLS**  
FEDERAL PROGRAMS DEPARTMENT

**Supply Requisition  
Form**

Please select the funding source.

- Title I
- Title II
- Title III
- \_\_\_\_\_ Other

Name: \_\_\_\_\_ Email: \_\_\_\_\_@dcsms.org

School: \_\_\_\_\_ Position: \_\_\_\_\_

Activity for which supply will be used: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Targeted Audience: \_\_\_\_\_

Vendor's Name: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_  
\_\_\_\_\_

Vendor's Phone # ( ) \_\_\_\_\_ Vendor's Fax # ( ) \_\_\_\_\_

Vendor's Website: \_\_\_\_\_

Vendor's Contact & Email: \_\_\_\_\_

*\*Please include copies of the documentation from 2 vendors used to determine that the selected items were at a reasonable cost. The copies only have to be signed and dated if the purchase is over \$3,500.\**

Check the appropriate funding category.

- |                             |                           |              |
|-----------------------------|---------------------------|--------------|
| kindergarten instructional  | parental involvement      | computer lab |
| elementary instructional    | professional development  | library      |
| middle school instructional | high school instructional |              |

	Qty.	Item #	Description	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Sub-total

Qty.	Item #	Description	Unit Price	Total Price
Sub-total from Page 1				
11				
12				
13				
14				
15				
16				
17				
18				
			Sub-total	
			Shipping/ Handling	
			Total	

- 1.) Explain what data justifies this purchase.
  
  
  
  
  
- 2.) How will these supplies be used to improve student achievement?

Signature of person making purchase request	Date
Principal/Supervisor Signature	Date
CITO Signature (if applicable)	Date
CTO Signature (if applicable)	Date
Title I Director's Signature (if applicable)	Date
Federal Program Director's Signature	Date