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| **PURCHASE/REQUISTION ORDER - Title CARES/ESSER** |

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| SCHOOL/DEPARTMENT: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  DELIVER TO**: LELAND SCHOOL DISTRICT** 408 EAST FOURTH STREET LELAND, MS 38756  Phone: 662 686-5000 Fax: 662 686-5029PURCHASE ORDER NUMBER: **\_\_\_\_\_\_\_\_\_\_\_\_**FUND CODE: REQUESTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | REQUISITION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VENDOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/ Zip Code  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Fax   |

**Objective:**

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| ITEM NO | DESCRIPTION | QUAN | UNIT PRICE | TOTAL PRICE |
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**Principal’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Manager’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Federal Program Director’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent’s Signature Date**

**Note: Submit original to Central Office for filing with invoice/receiving report.**

 **Include 2 quotes on vendor letterhead if order exceeds $5000.00.**

 **Include shipping charges in total.**