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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: 662 686-5029  PURCHASE 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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| Total: |  |  |  |  |

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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.**