



HAMILTON COUNTY DEPARTMENT OF EDUCATION

PURCHASE REQUISITION FORM (THIS IS NOT A PURCHASE ORDER)

School's Name: THRASHER ELEMENTARY SCHOOL
 Address: 1301 JAMES BLVD
 City, State & Zip: SIGNAL MOUNTAIN TN 37377
 Office Phone #: 423.886.0882 Fax #: 423.886.0888

Vendor: _____
 Address: _____
 City, State & Zip: _____
 Phone: _____ Fax: _____

Date: _____

Note: This form is being submitted as a request for a school purchase order. This information provided is accurate to the best of my knowledge. I understand that a purchase order will be issued once the bookkeeper has verified the funds in the account referenced below. I further understand I cannot proceed with said purchase until the purchase order has been signed by both the bookkeeper and the principal or assistant principal.

Staff/Teacher's Signature: _____ Grade/Dept: _____ Date: _____
 Approved by: Dept, Head or Athletic Director: (if applicable) _____ Date Approved: _____

Required items for this purchase order requisition are listed below. Check all that are attached.
 Commodity Database Bid Sheet _____ 3 bids (if vendor is not on Commodity Database and price is \$1,000 or more.
 W-9 (only if vendor is not on the Commodity Database or is not an HCDE employee or HCDE approved bus driver. _____ Vendor Quote (must contain shipping, processing and any

| Account # | | Name of Account to be charged | Current Balance: | |
|-----------|--------|-------------------------------|------------------|------------|
| Qty | Item # | Item Description | Unit Price | Line Total |
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List additional items on back.

NOTE: Sales Tax must be added for resale fundraiser items, non-instructional items to be kept by the student (such as clothing), all Faculty Fund purchases, purchases made by school personnel for reimbursement
 NOTE: Sales tax does not apply on items to be returned to the school (such as athletic uniforms), student awards (plaques, trophies, Renaissance shirts) or instructional supplies for which the school will be charged.

For office use only
 Date received:
 P.O. # Issued:
 Date Liquidated:

| | |
|-------------------|--|
| Subtotal | |
| Sales Tax | |
| Shipping/Handling | |
| Total | |

| | |
|-----------|--|
| Amount \$ | |
| Check # | |