

Activity Date: _____
 Date Requested: _____

**New Albany School District
 Federal Programs Department**

Requisition Form
(Revised January 6, 2019)

Please select the funding source:
 Title I
 Title II
 Title IV
 Other _____

Name: _____ Email: _____
 School: _____ Position: _____
 Location of Activity: _____
 Targeted Audience: _____

Vendor's Name: _____ Vendor's Ph #: _____
 Vendor's Address: _____ Vendor's Fax #: _____
 Vendor's Website: _____
 Vendor's Contact and Email: _____

****FOR FEDERAL PROGRAMS PURCHASES OF \$5000 OR GREATER: YOU MUST include SIGNED AND DATED copies QUOTES from 2 vendors used to determine that the selected items were at a reasonable cost.*

Check the appropriate funding category.

pre-kindergarten instructional parental involvement high school instructional
 kindergarten instructional professional development
 elementary school instructional middle school instructional

Does the school or district really need this item/service? YES NO
 Is the expense targeted to a valid programmatic/administrative need? YES NO
 Is this the minimum amount we need to spend to meet our needs? YES NO
 Do we have the capacity to use what we are purchasing? YES NO
 If we were asked to defend this purchase, would we be able to? YES NO
 Did we pay a fair rate? YES NO

QTY.	ITEM#	Description	Unit Price	Total Price

Principal's Signature _____ Date _____
 Federal Programs Director _____ Date _____