

****One Request Form
Per Vendor****

**DeRuyter Central School
Expenditure Request Form
School Year: _____
ALL Information MUST be filled in**

_____**Approved**
_____**Cut**
_____**Initial/Date**

****One Option MUST be checked****

Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
Website:(if available) _____
Requestor: _____ Dept./Grade/Organization: _____
Building Administrator: _____ Purchasing Agent: _____

- Supplies/Materials
- Contractual Service
- Membership
- Conference/Workshop
- Periodicals
- Library Materials
- Equip/Furniture/Tech
- Maintenance Request
- Field Trips
- Text/Workbooks
- Software
- Computer Supplies

NOTE: Anything > \$1,000 each: Attach 3 Quotes (Where Available)

Description: Item # of Product must be listed	Qty.	UM*	Unit Cost	Total Cost	BUDGET CODE
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					

Sub-Total \$ _____

Shipping/Handling _____ % or \$ amt. _____ Discount (if applicable) _____

Total Amount of Requisition \$ _____

Please explain how this purchase will support student learning (will not be processed without this information):

School Specialty Orders please use the **Educator Requisition Book**

Memberships: Attach Renewal Notices

Mileage: Travel Cost is IRS Rate (Only if the School Van is not available)

State Contract: www.ogs.state.ny.us/purchase/default.asp

* UM = Unit of Measure (i.e. Ea., Quart, Pint, Pallet)