

DATE SUBMITTED TO
BUSINESS OFFICE

DeRuyter Central School
Expenditure Request
School Year _____

____ APPROVED
____ CUT
____ Initial / Date

ONE REQUEST FORM PER VENDOR

At Least **ONE** option must be selected:

- | | | |
|----------------------------|---------------------------|---------------------------|
| Supplies/Materials _____ | Periodicals _____ | Field Trips _____ |
| Contractual Services _____ | Library Materials _____ | Textbooks/Workbooks _____ |
| Membership _____ | Equipment/Furniture _____ | Software _____ |
| Conference/Workshop _____ | Maintenance Request _____ | Computer Supplies _____ |

Note: Anything >\$1,000, please supply 3 quotes.

Vendor Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Website (if available) _____

Requestor _____ Department/Grade _____

Supervisor Signature _____ Date _____

Purchasing Agent Signature _____ Date _____

Budget Code (Purchasing Agent)	Quantity	Unit of Measure***	Unit Cost	10% Shipping Fee (Include in Total Cost)	Description of Item (Include Item #)	Total Cost

***Unit of Measure—quart, pack, pint, each, etc.

NOTE:
School Specialty Orders: Please use the Educator Requisition Book.
Mileage: Travel Cost is IRS Rate and paid only if School Van is not available
Memberships: Attach Renewal Notices
State Contracts: www.ogs.state.ny.us/purchase/default.asp

TOTAL (Must Include 10% Shipping Fee)
\$ _____