

**One Request form
Per Vendor
ALL Information
MUST be filled in**

De Ruyter Central School Purchase Request
School Year _____

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

At Least One Option below must be checked

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

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

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

Building Administrator: _____ Purchasing Agent: _____

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

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

Mileage: Travel Cost is IRS Rate (School Van recommended)

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

Membership: Attach Renewal Notices

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

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

TOTAL Amount of Request \$ _____