☐ Grant Expenditure
☐ Local Expenditure
☐ GISU Special Education

GRAND ISLE SUPERVISORY UNION

Purchase Requisition Form Expenditures

Please fill out completely. This is the only expenditure form that will be accepted for the 2018 - 2019 school year.

For Teacher/Staff Use:

School District: _____

Ship to: _____

Vendor Name: (Check will be made out to) _____

Address: _____ City/State/Zip: _____

Phone: (____) _____ Fax: (___) _____

Purpose/Reason for Request (or if you did not use a Purchase Order give reason why not):

_____

Catalog #	Student Initials for Special Education Expenditures ONLY	Description of Item or Services	Quantity	Unit Price	Total
				S/H	
				Total	

_____
Teacher/Staff Signature & Date

_____
Principal/Grant Manager/
Dir. Student Support Services
Approval & Date

DO NOT WRITE BELOW THIS LINE

For Administrative Use Only:

Strategy # _____ and # _____

T1A TII-A SWP REAP
BEST Tobacco IDEA B GISU
Preschool Flow Through CFP Funding/Grants

For Bookkeeping Use: Funding Code: _____ PO # _____

Revised 9/18/15

☐ Grant Expenditure
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GRAND ISLE SUPERVISORY UNION

Continuation Page for Purchase Requisition Form Expenditures

Catalog #	Student Initials for Special Education Expenditures	Description of Item or Services	Quantity	Unit Price	Total
				S/H	
				Total	

DO NOT WRITE BELOW THIS LINE

For Administrative Use Only:

Strategy # _____ and # _____

T1A TII-A SWP REAP
BEST Tobacco IDEA B GISU
Preschool Flow Through CFP Funding/Grants

For Bookkeeping Use: Funding Code: _____ PO # _____

Revised 9/18/15