Member School Districts: Albany, Melrose, Paynesville and Sauk Centre



Program Oversight: Early Intervention, Beacon and ALC

## **PURCHASE REQUISITION**

## **REQUISITIONER INFORMATION:**

Today's Date:	R	equisitioner:	Funding Code: (Completed by WCED Office)					
Date Needed:	Other ordering instructions:							
VENDOR INFORMATION:								
Vendor Name:								
Street:								
City:			State:		Zip code:			
Web address:			Telephone:		Fax:	Fax:		
ITEM(s) TO ORDER:								
Item# Quantity Part/Ca			og/Model # & Description of Item:			Unit Price	Total Price	
TOTAL PRICE								
Please provide a statement of need for above listed item(s):								
By signing this request the "requester" and "supervisor" acknowledge and assure that said expenditures comply with District internal controls and state/federal requirements for all categorical expenditures including but not limited to special education.								
In submitting this request for payment it is attested, subject to penalty of law, that this request is valid and has not previously been paid.								
Requester: Immediate Supervisor Approval:								
Executive Director Approval: Date Ordered:								

\*\*\*\*ATTACH RECEIPT AND/OR ORDER CONFIRMATION NOTIFICATION SHOWING EXPENDITURE\*\*\*\*\*

Our mission is to maximize every student's educational experience by providing high quality services to students, families, and member districts.