



**Clarksdale Municipal
School District**
FEDERAL PROGRAMS
Requisition Form

Please select the funding source.

- Title I
- Title II
- Title III
- Title IV

- Title V
- Title IX
- OTHER

Activity Date: _____

Date Requested: _____

NECESSARY

Name: _____ Email: _____

School: _____ Position: _____

Activity for which supply will be used: _____

Location of Activity: _____

Targeted Audience: _____

Vendor's Name: _____

Vendor's Address: _____

Vendor's Phone # _____ Vendor's Fax # _____

Vendor's Website: _____

Vendor's Contact & Email: _____

* **REASONABLE** Federal \$ purchases require 2 or more quotes for anything under \$250,000. Purchases with federal \$ require that you check the vendor for debarment on www.sam.gov . The results from this search (whether "no results were found" or not) must be attached to the purchase requisition.

	Qty.	Item #	Description	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Sub-total	

ALLOWABLE

1. Explain what data justifies this purchase. How is this purchase evidence based?

2. How will this purchase be used to improve student achievement/School Wide Plan?

14						
15						
16						
17						
18						
					Sub-total	
					Shipping/ Handling	
					Total	

Signature of person making purchase request

Date

Principal/Supervisor Signature

Date

Federal Programs Director Signature

Date