

Title I Purchase Order Request



Name of Person Requesting Purchase Order:

School:

Date:

Amount: Inventory tag needed (asset over \$100)

Vendor:

Account Number(s):

Requisition Number:

Grade level(s) these funds will benefit - check all that apply:

Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th

Focus area(s) – check all that apply:

ELA Math Social Studies Science Technology
 Parent Involvement Professional Development School Climate/Culture

Purpose of Expenditure:

Reform Strategy/Number:

Review by DO: Initials _____ Date _____

Entered by: _____ Date: _____
(Bookkeeper's Signature)

Approved by: _____ Date: _____
(Principal's Signature)

Please include all supporting documents needed for approval.

DISTRICT OFFICE USE ONLY

Received By: _____ Date Received: _____

Approved By: _____ Date Approved: _____

PO #: _____ Date: _____

Chester County Schools: A Great Place to Grow.

Committed to Excellence for All Students.