Requisition Form

DIRECTIONS: Complete this form to request purchases of supplies/services or reimbursement for approved out-of-pocket expenses (attach receipts). **Requisition must have signature of the appropriate program manager and the Executive Director before purchase or payment will be made.**

Purchase From/Pay To:_____

Qty	Item #	Item Description	Unit Price	Total Price	Corrected Price	Expense Account #	Program #
Date Needed:				Please allow two weeks lead time when possible.			

Note: Complete the information requested below. If additional space is needed, please use Requisition Page 2.

GRANT/PROGRAM	EXPENSE ACCOUNTS:		
Head Start .06 Head Start Operations .07 Head Start Admin .08 Head Start T/TA **Early Head Start** .10 EHS Operations .11 EHS Admin .12 EHS T/TA .13 EHS Startup/Carryover **Smart Start** .01 SS Preschool .02 SS School Age **Other** .00 PCDC General .30 Safe & Stable .03 USDA	**6524 - OUT OF TOWN TRAVEL** (Check One) ☐ Workshop Fees ☐ Travel Expense ☐ Lodging ☐ Per Diem **6531 EQUIPMENT** **SUPPLIES** 6540 Administrative Supplies 6550 Education Supplies 6560 Parenting Supplies 6565 Nutrition Supplies 6570 Health Supplies 6575 Custodial Supplies	**OCCUPANCY:** 6600 Utilities 6620 Bldg/Grounds Maint. 6630 Rent **COMMUNICATIONS:** 6635 Wireless/Cellular 6637 Telephone 6640 IT Equipment 6641 Internet services 6645 Postage **TRANSPORTATION:** 6655 Vehicle Operations 6665 Staff Travel 6670 Field Trips 6656 Vehicle Repairs	**OTHER:** 6590 Policy Council 6591 Fam./Comm. Part. 6595 Medical/Dental Svc. 6679 Tuition Assistance 6680 Staff Development (local Training) 6685 Professional Membership 6686 Licensing Fees 6687 PR/Development 6690 Board Activities 6695 Personnel Related (Hiring Costs) 7710 Advertising/Recruitment (Program Only) 7715 Printing/Duplicating Services 7720 Fundraising 7747 Local Cash Match 7754 Acctg/Legal Srvcs/Financial

Requestor Signature:_____ Date:_____

Program Mgr. Approval:_____ Date:_____
(If applicable)

Director's Approval:_____ Date:_____

Reviewed By:
_____

For Finance Office Use Only:

Date Ordered_____ Ordered By: ____ By Phone_____ By Fax_____ By Mail_____ Internet____

Purchase Order Number (*if applicable*):_____

SWAM:____

DBR:_____