

BROOKLYN LAB SCHOOL

Renel Piton, Principal

REQUEST TO PURCHASE

| | | | |
|---------------------------------------|--------|-----------------|---------------|
| YOUR NAME | | DATE: | SUBJECT AREA: |
| VENDOR/PUBLISHER: | | | |
| NAME OF INDIVIDUAL/VENDOR TO BE PAID: | | | |
| PAYEE (STAFF OR VENDOR) ADDRESS: | | | |
| CITY: | STATE: | ZIP: | |
| PHONE: | FAX: | E-MAIL: | |
| NYCDOE VENDOR # (IF KNOWN) | | | |
| CONTRACT # (IF KNOWN) | | | |
| FED TAX ID # | | CONTACT PERSON: | |

| ITEM(S) Description – include ISBN numbers (Go to https://dfoforms.nycenet.edu/ecatalog to search DOE item numbers for all contracted services). You may attach additional sheets or vendor quotes if necessary | # of item(s) | Cost per item | Cost of all items |
|---|--------------|---------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL COST -----> | | | |

Reason for purchase _____

Approved: _____
 Disapproved: Assistant Principal

Approved: _____
 Disapproved: Renel Piton, Principal

NOTE: NO funds may be expended without prior approval of the principal.

| | | |
|---------------|----------|---------------|
| INVOICE # | PO # | REQUISITION # |
| IMPREST # | P CARD # | |
| QUICK/FUND: | OBJECT: | ACTIVITY: |
| TOTAL AMOUNT: | | |
| | | |