

Parent Advisory Council Purchase Request Form

All purchases greater than \$100 must have prior approval from the OCD director/assistant director. Please submit purchase request form to the OCD director/asst. director to receive approval so that reimbursements can be processed by PAC

The **purchase request form must have the teacher's and a parent representative's signature**. The amount of the purchase cannot exceed the amount in the classroom(s) account. The approved purchase request form must be submitted with the reimbursement form for purchases greater than \$100.

Name _____ Submitted Date _____

Phone Number _____ Email _____

School _____ Classroom _____

Briefly explain the reason for the purchase:

Vendor Name	Purpose & Description of Items	Estimated Cost \$ (don't forget tax)
_____	_____	_____
_____	_____	_____
_____	_____	_____
ESTIMATED TOTAL		_____

Teacher's Name (printed) _____ Teacher Signature _____

Parent Representative Name (printed) _____ Parent Representative Signature _____

APPROVED: _____ YES _____ NO _____ PENDING

OCD Director/Assistant Director: _____ Date: _____
Signature

Will be purchased directly by PAC: _____ YES _____ NO