TANGIPAHOA PARISH SCHOOL SYSTEM

PURCHASE REQUEST
PAY-AS-YOU-GO-FUNDS

SCHOOL: _____

CONTACT: _____

PHONE: _____

PRIORITY CODE

☐

Prioritize your items by the number of items requested
(i.e., if you have 20 items requested, prioritize from 1-20;
item #1 being the most important
& item #20 the least important)

Item Description: _____

_____

_____

_____

_____

_____

State Contract #: _____ (if applicable)

Justification for Request: _____

_____

_____

_____

_____

_____

_____

_____

_____

Principal's Signature

_____

Date

NOTE: Please ☑ the box to indicate appropriate back-up information accompanies this form

☐ Requisition Attached

☐ Quote Form (if applicable)

FORM PAGO
10-1-09