

TANGIPAHOA PARISH SCHOOL SYSTEM

PURCHASE REQUEST PAY-AS-YOU-GO-FUNDS

SCHOOL: _____

PRIORITY CODE

A, B, or C
(See Cover Letter)

CONTACT: _____

RANK CODE

Rank your request
(Item #1 being the
most important)

PHONE: _____

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)