## **Special Education Purchase Prior Written Approval Requisition**



Prior approval is required for any use of Special Education funds. This form may be used to request approval (including annual blanket approval) for use of the department credit card(s) and as a general requisition when no other type is available (include description, item#, quantity, costs, sign & date). Send to the Special Education Office attached to a completed Determination of Necessity form. Do not purchase items yourself until notified that your requisition is approved. Misc. Expense claims (C-6) require documentation showing cash or your personal check or credit card was used for payment.

ISD 318 Grand Rapids Public Schools Special Education Services 820 NW 1st Ave. Grand Rapids, MN 55744-2701 Phone: (218) 327-5705 Fax: (218) 327-5742 www.isd318.org

Rev. 04/27/2022

Request fo	or Purchase Using:	Wal-Mart credit card Ogles credit card Other vendor – Insert Co Nar  Personal funds/C-6 claim	me	Bi Pa	O NO: # us Dept Approve acking Slips/Items voice Paid:/_ Budg	Received:	Up to the Amount of:
equested Buildi							
D	DESCRIPTION OF IT	EMS TO BE PURCHASED	(* <u>Attach copie</u>	s of any details from webs	ites, etc, to insure correct iter	ns are ordered.)	PRICE/ESTIMATE
Date Ordered:		Requision No:		PO Number:		Budget Category Name:	
(*office use)		(*office use)		(*office use)		(* office use)	
Sig	nature of Requestor	:			Date:		
Ap	proved By:				Date:		Pay 04/27/202