



DUNCANVILLE ISD

Writing success stories, one student at a time.

DUNCANVILLE ISD PURCHASE \$50,000 OR MORE REQUEST FORM

(Campus/Department Name)

(Date Submitted)

Purchase Description (Goods, Services, Products, Quantity)

How will goods/services purchased be used? _____

Who is the vendor? _____

Total amount of purchase: \$ _____

Is the vendor a member of a cooperative? BuyBoard, TCPN, EPCNT, etc. **YES or NO**

If so, which cooperative(s)? _____

How will this purchase be paid for? (Give account code) _____

Will federal funds be used **YES or NO**

APPROVALS:

(Principal/Department Signature)

Date: _____

(Chief of Schools or Chief Academic Officer Signature)

Date: _____

(CFO/Accounting Signature)

Date: _____

(Federal Programs Signature)

Date: _____



(CTO Signature)

Date: 07/09/2025

(Purchasing Signature)

Date: _____