

| School Name & Number:   |                                     |   |                          |             |
|---|-------------------------------------|---|--------------------------|-------------|
| Funding Source: TIPA TIPD   | UniSIG                              | □EEA                                    | □TSSSA R                 | ollover     |
| Budget Line(s):   |                                     |   |                          |             |
| Vendor Name:  |                                     | Phone                                   | e:                       |             |
| Address:  |                                     | Vendor Email:                           |                          |             |
|   |                                     | (I                                      | Required if PO n         | eeded)      |
| Comprehensive Needs Assessment Yes  | No 🗀                                |   |                          |             |
| Amendment Yes   | No 🗆                                |   |                          |             |
| Are these activities aligned to: Stand Alone  | e  PFE                              | $\Box$ PD                               |                          |             |
| Activity Name:  |                                     |   |                          |             |
| Quantity Item Description   |                                     | Catalog/Item #                          | Unit Cost                | Total Cost  |
|   |                                     |   |                          |             |
|   |                                     |   |                          |             |
|   |                                     |   |                          |             |
|   |                                     |   |                          |             |
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|   |                                     |   |                          |             |
|   |                                     |   |                          |             |
|   |                                     |   |                          |             |
|   |                                     |   | Sub Total                |             |
|   |                                     |   | Shipping and<br>Handling |             |
|   |                                     |   | Total                    |             |
| * Pre-Approval of these goods and services by Tit.<br>The order for goods and services is only approved<br>Skyward requisition and any attachments, <u>AND</u> th<br>violates Board policy and State statute, as well as, | l and authorized<br>en issues a PO. | d after the Purchas<br>Orders placed be | ing department           | reviews the |
|   | 11 0 / 1                            |   |                          |             |
| Princip   | al's Signature / L                  | vaie                                    |                          |             |
| <b></b>   | and/or                              |   | . –                      |             |
| Title I Supervisor's Signature / Date   | Tii                                 | tle I Director's Signa                  | iture / Date - 1         | Required    |

Coding Strand – Title I Office Only

Form No.: CUR-2223-001 – Title I Materials Pre-Approval Form Revised Date: 8/1/24