

ALEDO ISD
REQUEST TO PURCHASE FROM NON-APPROVED VENDOR
(attach this form to purchase order)

DATE: _____

NAME (EMPLOYEE REQUESTING AUTHORIZATION): _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR PHONE & FAX #: _____

_____ Item(s) not available from Approved Vendors

_____ Sole Source (**Vendor must have a notarized sole source letter on file in the Business Office**)

I have made a good faith attempt to locate needed items through Approved Vendors.
I have checked with a minimum of three (3) Approved Vendors for Instructional Supplies.
Items(s) requested are not available through the following Approved Vendors.

1) _____

2) _____

3) _____

Employee Signature: _____

_____ Approved

_____ Not Approved

Business Manager Signature: _____