

**PURCHASING REQUEST**

Request made by:

School/Team:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter details of materials/service/training requested | | | | | Budget Category  Please tick | | | | | |
| Item Description  (please include web link here) | | Quantity | Unit Price | Total incl Postage | E&E | IR | EC | FSW | BHR | OC |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  |  | | TOTAL |  | | | | | | |

|  |
| --- |
| **PURCHASE JUSTIFICATION**  Enter details of why purchase is necessary. |
| State reason for recommending this supplier |

|  |  |  |
| --- | --- | --- |
|  | **REQUESTER** | **BUDGET HOLDER AUTHORISATION** |
| Signature |  |  |
| Name |  |  |
| Date |  |  |

Key

E&E: Events & Experiences

IR: Intervention Resources

EC: Enrichment/Clubs

FSW: Family Support Worker

BHR: Building Healthy Relationships Resources

OC: Other Costs (Travel/Training etc)