



# City of Baker School System

Post Office Box 680  
Baker, Louisiana 70704-0680  
Phone (225) 774-5795  
Fax (225) 774-5797  
[www.bakerschools.org](http://www.bakerschools.org)

DATE: \_\_\_\_\_

TO:

FROM:

SUBJECT:

I am requesting your approval to purchase \_\_\_\_\_ (please indicate)  
from the following vendor: \_\_\_\_\_.

The items to be purchased are attached or listed below. The cost will be approximately  
\$ \_\_\_\_\_.

***ITEMS TO BE PURCHASED:***

These items are needed for the following purpose:

Fund to be charged: \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
(Principal, Supervisor)

APPROVAL: \_\_\_\_\_  
(Grants Administrator, Director of Instruction, Superintendent)

***NOTE: ORIGINAL RECEIPTS ARE REQUIRED FOR PAYMENT OR REIMBURSEMENT.  
FORM MUST BE RECEIVED IN BUSINESS OFFICE AT LEAST TEN DAYS PRIOR TO EVENT  
FOR PREPAYMENT.***

The City of Baker School System does not discriminate on the basis of race, color,  
national origin, gender, age or qualified disability.