

# SPEF GRANT PURCHASE FORM

GFR Number:

Grant Author:

Date Submitted:

School Site:

Grant Project Title:

**COMPLETE AND RETURN TO SPEF (after grant has been approved)  
TO ORDER GRANT ITEMS & MATERIALS SALES TAX EXEMPT**

Vendor Name: \_\_\_\_\_

Vendor Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Website or Email: \_\_\_\_\_

**Attach detailed list of items/materials to be ordered (including item name, quantity, price and SKU if available). Must be typed, not handwritten.**

**Total Amount to be Paid:** \_\_\_\_\_

*Include any Shipping & Handling; Do not include Sales Tax.*

*Total Amount to be Paid should NOT exceed the total amount of your grant award without an approved plan to pay for any overage.*

**SEPARATE FORMS MUST BE COMPLETED FOR EACH VENDOR.**

**DETAILED VENDOR AND ORDER INFORMATION MUST BE ATTACHED TO THIS FORM FOR ITEMS TO BE PURCHASED IN A TIMELY MANNER. EVERY ATTEMPT WILL BE MADE TO PLACE ORDERS WITHIN TWO WEEKS OF RECEIPT OF THIS FORM.**

SPEF RESERVES THE RIGHT TO DELAY OR REFUSE ORDER AND/OR PAYMENT IF PROPER DOCUMENTATION IS NOT ATTACHED.

PLEASE KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS.

Class:

SPEF TREASURER Use only:

Expense:

Rec'd Date:

Paid by:

CK No.

Date: