Cheatham County Schools

Emergency Purchases

This form is to be used ONLY if it is EMERGENCY WORK or an EMERGENCY ORDER that has to be done without a PO being issued prior.

DATE WORK REQUESTED _____

ESTIMATED COMPLETION DATE

_____

CHECK TYPE OF FUNDING / FUND #

___GEN PURPOSE_____

___FEDERAL_____

___GRANT_____

NOT-TO-EXCEED AMOUNT

_____

VENDOR NAME_____

REQUESTED BY_____

DEPARTMENT_____

_____ _____

Department Head Approval Date

_____ _____

Director of Schools Approval Date

Item #	Description Of Emergency	Account Number	Quantity	Unit Price	Total
				Sub Total	
				S & H	
				Total	