

**PURCHASING**  
*(Purchase Documentation)*

Type of product or services (attach bid specifications to this report): \_\_\_\_\_  
\_\_\_\_\_

Date of purchase: \_\_\_\_\_

**Methods of Advertisement (attach copies of notices or letters)**

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Other electronic              |
| <input type="checkbox"/> Posted notice    | <input type="checkbox"/> Provider list e-mailed        |
| <input type="checkbox"/> District webpage | <input type="checkbox"/> Direct contact with providers |

**Providers Responding to Solicitation of Bids (attach bids to this report)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Purchase Situation**

- G Purchase under \$3,500 (contact multiple providers)
- G Purchase of More Than \$3,500 but Less Than \$15,000 (competitive bids)
- G Purchase of More Than \$15,000 (sealed bids)
- G Purchase of \$25,000 or More (sealed bids and Board approval required)
- G Request for Proposal
- G Single Source or Unique Circumstance  
Provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G Approved Provider

FILE: DJF-AF3  
Critical

\_\_\_ Cooperative Purchasing

\_\_\_ Real Estate Broker or Real Estate Services

\_\_\_ Emergency Purchase

Provide details regarding the threat to life, property, public health or public safety: \_\_\_\_\_

\_\_\_\_\_

**Purchasing Decision**

Provider Meeting Specifications with the Lowest Cost: \_\_\_\_\_

Provider Selected: \_\_\_\_\_

If provider selected was not the low bidder, explain why the provider was selected: \_\_\_\_\_

\_\_\_\_\_

Other Relevant Information: \_\_\_\_\_

\_\_\_\_\_

I verify that this purchase conforms with Board policy, district procedures, legal purchasing preferences and all applicable laws regarding district purchases. If for some reason this purchase is not compliant, I have documented the reasons for noncompliance on this form and have discussed the issue with my supervisor/administrator.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* \* \* \* \*

***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: November 29, 2017

Revised:

Boonville R-I School District