

## **PURCHASING REQUISITION**

199 and 461 accounts must use vendors from APPROVED VENDOR LIST

865 and 897 accounts are encouraged to use vendors from APPROVED VENDOR LIST but have the option to use other vendors.

\*\*\* [http://flash.lisd.net/purchasing/Annual%20Bids\\_Quotes.htm](http://flash.lisd.net/purchasing/Annual%20Bids_Quotes.htm)

(this information does change - should check this site with each and every purchase).

Attach any quotes, list, or anything needing to go to Vendor.

Food or beverage request needs a list of who is receiving these items.

Do not contact vendor other than to get pricing and shipping information. Do not place an order over the phone or through email.

Copy or scan a copy of request for your files.

Allow up to 10 school days for orders to be sent to Vendor.

## **RECEIVING YOUR ORDER**

24 hours to get signed packing slip to Bookkeeper. If missing packing slip - Bookkeeper will need an email stating the PO# and what items have been received.

## **RETURN ITEM NOTIFICATION**

Wrong item received, broken, or just not what you wanted.

This form is located outside the bookkeepers Office.

Purchase #: \_\_\_\_\_  
Request #: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

COMPLETE ACCT. CODE:

Department Chair/Sponsor Approval:

Date: 09/

## RETURN ITEM NOTIFICATION

RETURN COMPLETED FORM TO ADMINISTRATION BUILDING  
ACCOUNTS PAYABLE

COMPANY: 1

PURCHASE ORDER # 2 CAMPUS: 3

QTY	Item Number	Description	Problem or Reason for Return	Requested Replacement	
				Yes	No
<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	

Return Authorization number / tracking number: 9

\* (obtain this from the company)

10  
Date of Return

11  
Please Print Name  
of Person Returning the Item(s)

12  
Signature

### Return Instructions:

1. Contact the vendor for return authorization
2. Complete the above form
3. Return the form to your school ~~secretary or~~ bookkeeper 13

Secretary or Bookkeeper – Send this form to the Admin Bldg, Accounts Payable



## **Contract for Visiting Consultants, Speakers, Contractors**

This contract enables purchasing to know the exact expense the District will incur using this contractor. Therefore, it is important and necessary to have this contract signed by an **LISD administrator, the contractor and a Human Resources administrator** before a purchase order is processed.

### **Contractor Certification**

This certification enables Human Resource Services to know whether the contractor will require a criminal history background check based on whether or not the contractor will have direct contact with students and is or is not supervised by a certified educator or other professional district employee.

**Check box one or two.**

#### **Procedure:**

**Both forms need to be generated and filled out by an LISD employee and signed by the campus principal or administrator.**

Please make sure and fill out all the blanks. Incomplete forms will be sent back to you and will slow down the process.

**The contractor only signs the contract.**

Send **both signed originals** to the Human Resource Services office. Make sure to provide information where to return the forms. They will not be sent to purchasing as these need to go as attachments with your purchase request.

The contract for visiting consultant/speaker form can be found in the Business Office Procedures Manual, under Purchasing Department, II Purchasing Overview, Contract for Consultants.

The contractor certification form can be found under staff, intranet login, HR info & forms, forms & documents, Contractor Certification.

For questions regarding this process contact Angela Jackson, 469-948-8010,  
or at [jacksona@lisd.net](mailto:jacksona@lisd.net).

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**LEWISVILLE INDEPENDENT SCHOOL DISTRICT**  
**SCHOOL CONTRACTOR/CONSULTANT FORM**

School  
Contractor  
Company

Lewisville ISD

Name

LISD  
Contact  
Name

Address

Address

City

State

Zip Code

City

Zip Code

Phone Number

Email

Date of Birth

DL #

DL State

FEE:

days @

per day

Total \$

(Fee is all inclusive)

Signature of School Contractor/Consultant

Date

The information below is to be provided by the LISD person in charge.

Name of Workshop

Date(s)

Workshop Location

Workshop Conducted for:

Department/  
Division

LISD Contact Person Signature

NOTES:

LISD Human Resources Signature

# School Contractor/Consultant Certification

**Introduction:** Texas Education Code Chapter 22 requires service contractors/consultants to obtain criminal history record information regarding covered employees and to certify to the District that they have done so. Covered employees with disqualifying convictions are prohibited from serving at a school district.

**Determination of Covered/Non-covered Status:**

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☐ Yes ☐ No 1. Is the contractor(s)/consultants or individual providing services at a LISD facility at which students are present? (If NO, select Option A and leave questions 2 and 3 blank.)

☐ Yes ☐ No 2. Does the contractor or consultant have direct contact with students?

☐ Yes ☐ No 3. Is a district professional employee supervising and present at all times while the contractor(s)/consultants are present? (LISD defines a professional employee as a certified teacher or administrator, auxiliary staff is not considered a professional employee.)

Options	Description	1	2	3
Option A	No background check required	Yes	Yes	Yes
Option A	No background check required	Yes	No	Yes
Option A	No background check required	No	X	X
Option B	Name based criminal check required	Yes	No	No
Option C	Fingerprinting is required	Yes	Yes	No

On behalf of 29 "Contractor/Consultant", I certify the following:

**INITIAL ONE:** Use the Matrix above to determine which option must be selected.

OPTION A: The above services do not qualify the contractor/consultant as a covered employee and are not required to complete a volunteer background check on the LISD website.

OPTION B: The above services qualify the contractor/consultant as a covered employee and must complete volunteer background check on the LISD website, or provide verification that a Department of Public Safety criminal history record was obtained.

OPTION C: The above services qualify the contractor/consultant as a covered employee and must complete fingerprinting as a school contractor with Texas. LISD has the option to contact the contractor and subscribe to the individual in the DPS FACT CLEARINGHOUSE upon request of the district.

**Disqualifying conditions:** One of the following offenses, a) a felony offense under Title 5, Texas Penal Code; b) an offense for which a defendant was required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure, or equivalent offense under federal law or laws of another state, c) any conviction in the last 5 years involving drugs or alcohol.

Noncompliance by Contractor/Consultant with this certification may be grounds for contract termination.

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Signature

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Date

### **CHECK REQUEST**

Only used for REFUNDS and STUDENT MEAL ADVANCES

This form is located outside Bookkeepers Office.

### **STUDENT MEAL ALLOCATION FORM**

Used for students traveling to conferences or conventions

When students are traveling a Advance Student Meal Form below should be completed to account for student meals. A separate form should be used for each day. The student's signature acknowledges receipt of the amount allocated to them for meals. This form must be attached to the final expense statement submitted upon completion of travel. Student's meals may be paid when student is within the 100-mile radius of district headquarters when appropriate. Meals on the first and last day of travel are not capped at 75% of the per diem allotment.

This form is located outside Bookkeepers Office.

### **PETTY CASH VOUCHER FORM**

**MUST BE APPROVED PRIOR TO PURCHASE.** Petty cash is for emergency purchases. Return receipt with signature to the Bookkeeper. Payout is usually Friday.

This form is located outside Bookkeepers Office.

# Lewisville Independent School District

1800 TIMBERCREEK • LEWISVILLE, TEXAS 75067

## CHECK REQUEST

CHECK IF APPLICABLE:

ADVANCE ☐

DATE 1 AMOUNT 2

PAYABLE TO 3

MAIL TO 4

FOR PURCHASE OF 5

VENDOR NO. 6 ACCOUNT NO. 6

REQUESTED BY 7 DATE 8

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

This form is to be used only for:

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Refunds - Attach white receipt

Student Meal Advances - Attach meal form



## LEWISVILLE INDEPENDENT SCHOOL DISTRICT

TEACHER:

CAMPUS:

ADVANCED CHECK #

\$0.00

\$	\$0.00
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\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

\* TOTAL AMOUNT OF CHECK IS CALCULATED FROM ALL THREE TABS

## Petty Cash Voucher Form

Name: 1 Date: 2

Department: 3

Item(s) Purchased: 4

Vendor: 5

Purpose: 6

Complete Account Code: 7

Amount: 8

Department Chair/  
\* Sponsor Approval: 9 Date: 10  
(Prior to purchase)

\* Bookkeeper Approval: 11 Date: 12  
(Prior to purchase)

\* Mr. Shafferman Approval: 13 Date: 14  
(Prior to purchase)

Paid by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**PETTY CASH IS FOR EMERGENCY PURCHASES**

*LISD will not reimburse sales tax  
No original itemized receipt – no reimbursement  
Attach original itemized receipt(s) to form  
Do not place tape over ink on receipt*

## **District P-Card**

Campuses may request limited use of P-Cards held at the Purchasing Office. The use of these cards will be evaluated individually and on a first-come, first-served basis. The Purchasing Card Checkout Form must be filled out and approved prior to the campus' intended use. Campuses must return card within 24 hours of initial checkout.

### **Process for checking out a P-Card:**

1. Campus/Department must verify that the user understands and agrees to terms outlined in the P-Card Manual.
2. Users must print and complete the top portion of the Purchasing Card Checkout Form.
3. Campus/Department must ensure that appropriate and available funding is used with the Bookkeeper. The campus Bookkeeper should complete the account coding section of the Purchasing Card Checkout Form.
4. A Department Head/Principal/or Assistant Principal must approve all requests prior to the Purchasing Department approval.
5. Once the top half of the Purchasing Card Checkout Form is filled out, the form should be scanned and emailed to Elizabeth Free, Kris Robinson or David Lyons in the Purchasing Department for approval. KEEP the original form.
6. Upon approval from the Purchasing Department; the Card User, Principal/Department Head/Director, or Assistant Principal may retrieve the card from the Purchasing Office. The original form must be brought to the Purchasing office (@ Bolin Administrative Center) and completed in person.
7. Cards must be returned in person no later than the designated time and date stated on the approved Purchasing Card Checkout Form.

Exceptions to these rules will be evaluated individually and one-time approvals may be granted. Employee weekend travel and student travel are examples of exceptions that may be considered.

**\*\*Exceptions should have proper planning, advanced notice and approval by the Purchasing Department two weeks prior to intended card use \*\***

**\*\*\* Provide bookkeeper with a copy of  
Purchasing Card Checkout Form  
and a copy of the store receipt. \*\*\***

Lewisville Independent School District

Purchasing Card Checkout Form

Campus: 1 Name: 2 Date 3

Purpose for card request: 4

Request Amount 5 Locations Card will be used 6

Dates and Time that card will be checked out: 7 / 8

Budget Account Coding: 9

Bookkeeper Approval (verification of funds available) 10

Principal/Asst. Principal/Department Head: 11 (signature)

\* \* \* \* \*

Purchase Department Approval

**\*\* DO NOT WRITE BELOW (to be filled out in person upon checkout) \*\***

I \_\_\_\_\_ agree that the LISD P-Card will be used for the intended purpose listed above. I will ensure that the card checked out to me will not be used by anyone else during the checkout period. I agree that an original itemized receipt must be obtained for every purchase I make with this card. Receipts must meet LISD requirements and be descriptive. The description must include what was purchased, the cost, name and location of vendor. I recognize sales tax should not be applied to purchases made with this card and I will present an LISD Sales Tax Exemption form to any merchant where the card is used. I will adhere to any and all LISD purchasing guidelines and be responsible including reimbursement for any transaction not meeting LISD & Purchasing requirements. I recognize that failure to return the card by the date below or following LISD requirements may result in immediate loss of P-Card use for my campus, department and/or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Approval by: \_\_\_\_\_ Date \_\_\_\_\_

Last #4 digits of checked out Card \_\_\_\_\_ Purchasing Card # 1 2 3

Card is to be returned by \_\_\_\_\_

## **CLASSIC FARE CATERING**

The Lewisville ISD Child Nutrition Department is Honored to serve the LISD staff and the public through Classic Fare Catering. We strive to offer quality menu options with competitive prices.

*All catering prices include set up and take down and are based on parties of 15 or more. All food is made fresh and prepared to order.*

We do our best to accommodate any meal options you desire!

Use our menu as a guide book and let your imagination do the rest.

Please note - Prices are subject to change

Catering orders will include all necessary utensils and condiments in quantities consistent with your order. Please note that many of our orders will include disposable packaging. We may not be back to remove used packaging. We will return to pick up non-disposable hot beverage containers.

### **Ordering**

It's easy to place an order:

- Complete the catering order form.
- Copy of order form needs to go the bookkeeper.
- Submit completed order form by e-mail to buchanan@lisd.net or fax it to 972-350-9465.
- Once we have received your order, you will receive an e-mail confirmation that your event has been scheduled.

We do our best to accommodate last minute orders, but of course, a 3-day advance notice is requested.

\*For events with fewer than 15 guests, a service charge will be added. This excludes trays and items bought by the dozen.



# Catering Order Form

Please return the completed form to Classic Fare Catering or the Child Nutrition Department.

Fax: 972-350-9465 Phone: 469-713-5207 E-mail: [buchanan@lisd.net](mailto:buchanan@lisd.net)

Website: [www.lisd.net/childnutrition](http://www.lisd.net/childnutrition) and click on "Classic Fare Catering"

\* Approval from the Principal is required with an account code.

Date of the Catering: 1

Catering Set Up Time: 2 Event Start Time: 3 Catering Clean Up Time: 4

Location of the Catering: 5

Type of Event: 6

Number of People Expected: 7

Event Contact Person: 8

Phone: 9 Fax: \_\_\_\_\_ E-mail: 10

## Billing Information (Required)

Name or Organization: 11

Address: \_\_\_\_\_

Phone Number: 12

\*Account Number: 13 or Paid by PTA: ☐

Please Enter the Name & Quantity of Each Product:

14

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please contact Morgan English at 469-713-5207 if you have not received confirmation within 24 hours.

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\* Principal Signature

## **BOP - Business Office Procedure Manual**

[http://www.lisd.net/apps/pages/index.jsp?uREC\\_ID=129858&type=d](http://www.lisd.net/apps/pages/index.jsp?uREC_ID=129858&type=d)

**TECHNOLOGY** (quotes and orders) will go through the bookkeeper. More information to come at a later date.

**TECHNOLOGY - Problems, concerns and issues** will need to be submitted through EDUPHORIA  
[https://pdas.lisd.net/eduphoria\\_webcontrols/Login.aspx?ReturnUrl=%2feduphoria\\_webcontrols%2fApplications.aspx](https://pdas.lisd.net/eduphoria_webcontrols/Login.aspx?ReturnUrl=%2feduphoria_webcontrols%2fApplications.aspx)