

**A-1 PRICE QUOTATION SHEET**

Three quotes are REQUIRED when the cost of the supply or service is \$5,000 or greater, but less than \$25,000. Please complete this form as you are soliciting quotations. When purchasing textbooks or library books, this form must be used unless we can verify in writing

Item Required: \_\_\_\_\_

**1.) Vendor 1 Name** \_\_\_\_\_

(Street) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

Quoted Unit Price \_\_\_\_\_ And/or Total Price \_\_\_\_\_

Name or vendor representative providing the quote \_\_\_\_\_

**2.) Vendor 2 Name** \_\_\_\_\_

(Street) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

Quoted Unit Price \_\_\_\_\_ And/or Total Price \_\_\_\_\_

Name or vendor representative providing the quote \_\_\_\_\_

**3.) Vendor 3 Name** \_\_\_\_\_

(Street) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

Quoted Unit Price \_\_\_\_\_ And/or Total Price \_\_\_\_\_

Name or vendor representative providing the quote \_\_\_\_\_

**PLEASE INCLUDE THE COST OF DELIVERY WHEN COMPLETING THE PRICE QUOTE LINE**

Quotations submitted by \_\_\_\_\_ Submitted date \_\_\_\_\_

**NORTH READING PUBLIC SCHOOLS**

North Reading, Massachusetts

**REIMBURSEMENT VOUCHER**

July 2014

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

Pay to: \_\_\_\_\_

Address or School: \_\_\_\_\_

The amount of: \_\_\_\_\_

For: \_\_\_\_\_

Date and type of activity or expense

Explanation for total:

Miles:	Starting Point	To Destination	To Starting Point	
_____	_____	_____	_____	
				Total Miles
				@56.5cents
Hotel:				_____
Meals:				_____
Other:				_____
				Total
				_____

**All items appearing here need documentation, except mileage**

Signature: \_\_\_\_\_  
Person who is being reimbursed

Account # \_\_\_\_\_

Approved by: \_\_\_\_\_  
Principal

**PLEASE NOTE THAT REIMBURSEMENT VOUCHERS MUST BE Submitted within 60 days of activity**

A-3  
NORTH READING PUBLIC SCHOOLS  
Request for mileage reimbursement

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

SCHOOL/ADDRESS \_\_\_\_\_

List Individual dates \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Total of miles \_\_\_\_\_

Date	From	To	Total
Date	From	To	Total
Date	From	To	Total
Date	From	To	Total
Date	From	To	Total
Date	From	To	Total
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Date	From	To	Total
Date	From	To	Total
Date	From	To	Total

Total of miles \_\_\_\_\_

@ 56 cts/mile \_\_\_\_\_

Total Amount \_\_\_\_\_

Signature \_\_\_\_\_

Approved by \_\_\_\_\_

Account # \_\_\_\_\_

**A-5**  
**GIFT DONATION TO**  
**NORTH READING PUBLIC SCHOOLS**

**Item to be donated:**

**Recipient/Purpose:**

**Donor's Name:**

**Address:**

**Describe any site changes required to accommodate item (e.g. room or land preparation):**

**Form Completed by:**

**Approvals**

**Principal/Program Leader:**

**Date**

**Superintendent:**

**Date**

**Business Manager:**

**Date**

(For School Committee Secretary Use Only)

**Listed on School Committee Agenda:** \_\_\_\_\_

\_\_\_\_\_ **Date**

**Acknowledgement letter Sent:** \_\_\_\_\_

\_\_\_\_\_ **Date**