



PURCHASING DEPARTMENT

**501 S. Jupiter Rd.
Garland, Texas 75042
Phone 972.487.3009
Fax 972.487.3097**

FUND SOURCE DETERMINATION FORM

Employee/Last Name: _____ First Name: _____

Title: _____ Telephone Number: _____

Department/School Name: _____

Please check below any/all fund(s) that apply to this Bid/RFP document: _____

Buyer Name: _____

On the line next to the selected funding source(s) indicate the percentage of funding from each fund selected. Percentage should total 100%

- | | |
|---|---|
| <input type="checkbox"/> 199 General Fund _____ % | <input type="checkbox"/> 461 Campus Activity Funds _____ % |
| <input type="checkbox"/> 206 Education for Homeless Children and Youth _____ % | <input type="checkbox"/> 651 Education Stabilization Fund _____ % |
| <input type="checkbox"/> 211 Title I Part A - Improving Basic Programs _____ % | <input type="checkbox"/> 654 Local Portion of Bond Projects _____ % |
| <input type="checkbox"/> 224 IDEA - Part B, Formula _____ % | <input type="checkbox"/> 681 Bond Series 2014 _____ % |
| <input type="checkbox"/> 225 IDEA - Part B, Preschool _____ % | <input type="checkbox"/> 751 Motor Pool _____ % |
| <input type="checkbox"/> 240 National School Breakfast and Lunch Program _____ % | <input type="checkbox"/> 752 Print Shop _____ % |
| <input type="checkbox"/> 244 Career and Technical - Basic Grant _____ % | <input type="checkbox"/> 753 Risk Management _____ % |
| <input type="checkbox"/> 255 Title II Part A – Teacher & Principal Training & Recruiting _____ % | <input type="checkbox"/> 756 Copier Pool _____ % |
| <input type="checkbox"/> 263 Title III, Part A, English Language Acquisition and Language Enhancement _____ % | <input type="checkbox"/> 757 Curtis Culwell Center _____ % |
| <input type="checkbox"/> 410 State Textbook Fund _____ % | <input type="checkbox"/> 865 Student Activity Account Other _____ % |
| <input type="checkbox"/> 429 Prekindergarten Grant _____ % | |

Administrator Signature

Date

Name of Grant or Fund Administrator (If using Federal Funds)



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SPECIFICATION DEVELOPMENT/BID PREPARATION FORM

Step 1: Complete and return this form (Word Format) and Fund Source Determination Form to the Purchasing Department. Keep copies for your records.

Step 2: Purchasing Department will contact person listed on request form to verify receipt of the request and discuss any questions/concerns regarding the solicitation.

Date Submitted: _____

Requestor: _____ **Title:** _____

Department/Campus: _____ **Phone:** _____

Suggested Title of Contract (if any): _____

Minimum Requirements This column consists of the mandatory requirements to be considered for award. *Products/services NOT meeting Minimum Requirements would be excluded from evaluation/award consideration.*

Technical Requirements: This column consists of desired features.

Product Example: Shape, Texture, Performance, Material, Size, Educational Objectives, Etc.

Service Example: Licenses or Certification, Response Time, Performance, Educational Objectives, Etc.

Identify all items or services needed in the table below. (Please start your entry on line 1) Add rows as necessary.

Line Item	Description of item	Quantity (projected/estimated)	Minimum Requirement	Technical Requirement
EX	Number 2 pencil with attached pink eraser	1000	<ul style="list-style-type: none"> Number 2 Pencil must be toxic free Strong durable wood pencil made from quality wood 	<ul style="list-style-type: none"> Round hexagonal shape Satin smooth finish Graphite must be smudge free Eraser must be latex free
EX	Onsite full day (8 hours) speaking engagement	5 days	<ul style="list-style-type: none"> Speaker/trainer on Campus Climate 3 years of experience speaking/training on campus climate 	<ul style="list-style-type: none"> Must accommodate 60 participants All training material must be provided All travel costs must be included
1				
2				

Line Item	Description of item	Quantity (projected/estimated)	Minimum Requirement	Technical Requirement
3				
4				

Vendors to Notify: _____

Estimated Expenditure: _____
 (Expenditure estimation should encompass a 12-month period)

Single award anticipated? Yes No
 (If single award, an Evaluation Criteria Form will be utilized.)

Please contact the Purchasing Department at 972-487-3009 if you have any questions.

Campus/Department Administrator: _____

*****For Purchasing Department Use Only*****

Date all items complete/accepted _____ Initial _____

PURCHASING CARD USER AGREEMENT

I, _____, hereby request a Bank of America Purchasing Card. As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I will be making financial commitments on behalf of the Garland Independent School District and will seek to maximize the purchasing value of public funds.
2. I understand that the District is liable to Bank of America for all charges made on this card.
3. I agree to use this Card for approved purchases only. Misuse or abuse of the Purchasing Card will result in revocation of the Card and appropriate disciplinary action which may include termination.

Policy violations include, but are not limited to:

Purchasing items for personal use, whether for myself or for others;
Using the Purchasing Card to purchase contracted items from alternative sources;
Using the Purchasing Card for entertainment expense;
Failure to return the Purchasing Card when reassigned, relocated, transferred, or terminated;
Failure to submit proper documentation with each monthly statement.

4. I agree to return the Card immediately upon request by Supervisor or Program Administrator, or upon termination of employment (including retirement). Should there be an organizational change which causes my department to change, I agree to return my Card and arrange for a new one, if appropriate.
5. If the Card is lost or stolen, I agree to notify the Bank of America and Purchasing Program Administrator immediately.
6. I have been given a copy of the GISD Purchasing Card Employee manual, received training, and understand the requirements for Purchasing Card use.
7. I agree that should I willfully violate the terms of this agreement, I will reimburse the GISD for all charges incurred and any fees related to the collection of those charges.
8. My signature below authorizes payroll deduction in the event that purchasing violations are not reimbursed within 10 days of written notification.

Cardholder:

Signature: _____

Print Name: _____ Date: _____

Campus/Department: _____

REQUEST FOR CHANGE IN P-CARD STATUS

THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE CARDHOLDER'S ADMINISTRATOR

Cardholder Name _____ Cardholder Signature _____

Location _____ Fax Number _____

- Close the Account
- Employee card account was lost or stolen
 - Employee no longer needs the card
 - Employee transferred to _____
 - Employee is no longer employed by the district

- Change the profile on the card
- Fund Raiser Transaction \$ _____ Limit
 - Off-Site Staff Dining (Non-Travel) \$ _____ Limit
 - Conference Registration \$ _____ Limit
 - Other (See below if checked) \$ _____ Limit

If "other" is selected, specific reasons/justifications for the profile change should be stated below.

Change Effective Date _____
(Identify the date in which you want to use the card)

Administrator Signature _____ Date _____

This section to be completed by Program Administrator

- Approved
- Rejected

Reason

Signature _____ Date _____