

Section 504 Request for Purchase

Division of Financial Management
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

School Name: _____ School Number _____ Date ____/____/____

Requestor Name: _____ Requestor Position: _____

STUDENT AND ITEM INFORMATION

☐ New Item ☐ Replacement Item

Student Name: _____ Student ID# _____

Program/Class: _____

Item Requested: _____ Cost of Item \$ _____
(Attach a price quote or item detail from the vendor site. Attach *MCPS Form 234-24, Competitive Price Quote Form*, if the item purchase amount is \$7,500 or more.)

Please provide a rationale for this item request:

SIGNATURES

☐ Approved

☐ Not Approved; Reason: _____

Coordinator, Section 504,
Department of School Counseling Services (*print name*) _____

Coordinator, Section 504,
Department of School Counseling Services Signature _____ Date ____/____/____

Director, Department of Financial School Support (*print name*) _____

Director, Department of Financial School Support Signature _____ Date ____/____/____

FOR OFFICE USE ONLY

Account Number: _____ - _____ - _____ - _____ - _____ - _____