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**Purchase Justification Form**

(Submit with Purchase/Check Request

**Office of Title III Programs**

Vail Hall, First Floor

Phone: 484-365-7293

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| Activity Name:       | Account Code:       | Date:       |
| Grant Year:        | **Requisition #**  |
| Activity Director Name:       |
| What activity objective does the purchase of this item meet?        |
| Why are we purchasing this item(s)? (attach additional documentation as needed)      |
| How is the item(s) being used?       |
| Is this a one-time purchase? [ ]  Yes [ ]  No |
| If this is not a one-time purchase, please provide additional details including how many items are needed and why this specific amount is required. (Attach additional documentation as needed)       |
| \*\*\*Please review invoice/quote to ensure quantity and price detail is listed. |
|  |
|      Dept. Head/Activity Director (Type Name) | **Dept. Head/Activity Director (Signature)** | **Date** |
|      Title III Director (Type Name) | **Title III Director (Signature)** | **Date** |