

**ATLANTIC CITY BOARD OF EDUCATION  
OFFICE OF THE ASSISTANT SUPERINTENDENT**  
Atlantic City, New Jersey 08401

**Purchase Order Rationale Form**

**A. Educational Rationale**

As a result of this purchase, please explain what will students learn or how students will benefit. Note any educational achievement or program that may be linked to this purchase.

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**B. Operational Rationale**

Provide a brief explanation how this purchase is of operational value to your school/office. Note any particular benefits to the district. Explain whether any goods/services are being utilized on a regular basis and whether they are useful on a long term basis.

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**C. Light Meals; Refreshments—Student or Parent Activities -- N.J.A.C. 6A:23A-5.8(e)**

Provide a description and purpose of student or parent activity. Document the makeup of the group participating. Attach a list of employees or board members included in the group. (*Use back if necessary*).

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Name of School/Office \_\_\_\_\_

Administrator/Supervisor \_\_\_\_\_

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

Name of Vendor \_\_\_\_\_

Amount \$ \_\_\_\_\_ Account # \_\_\_\_\_

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\_\_\_\_\_ **Approved**                      \_\_\_\_\_ **Not Approved**

Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent of Schools

\_\_\_\_\_  
Superintendent of Schools [On Appeal Only]

***Please attach the Rationale Form to the front of the Purchase Order – One Form Per Purchase Order.***