



- ☐ **Requisition (Purchase Request)***
- ☐ **Debit Purchase***
- ☐ **P-Card Purchase***
- ☐ **Reimbursement/Check Request***

Your Name: _____ **Date:** _____

Vendor Information

Vendor:	
Address (if new):	
City, State, Zip:	
Contact Name:	
Phone:	
Fax:	
Email:	
Website:	

Business Office Use Only

Check #:	
Vendor's Account #	
Vendor's Order Number:	
School's P.O. Number:	

Authorization

Approval Signature** **Date**

Please indicate which State or Federal Programs you are using. Multiple Programs? Check all that apply and provide details below.

<input type="checkbox"/> Special Education	<input type="checkbox"/> Foodservice	<input type="checkbox"/> LAND Trust	<input type="checkbox"/> Early Interventions
<input type="checkbox"/> Library	<input type="checkbox"/> Title II	<input type="checkbox"/> Gifted and Talented	<input type="checkbox"/> Other (Detail Below)

Please indicate which internal budgets/programs you are using. Multiple budgets? Check all that apply and provide details below.

<input type="checkbox"/> Classroom Supplies Budget (individual)	<input type="checkbox"/> Grade Level (Circle One) 7 8 9 10 11 12	<input type="checkbox"/> Subject Area (Identify Below) _____	<input type="checkbox"/> Library	<input type="checkbox"/> Custodial/Maintenance
			<input type="checkbox"/> Administration	<input type="checkbox"/> Other (Detail Below)

Quantity	Item Number	Description & Purpose with Program Details (as applicable)	Unit Cost	Total Cost
Additional Notes (e.g. Charge 5-% to my classroom and 50% to the school per Mr. Seminario)			TOTAL:	

***Purchases must be made according to state law, school policy and authorized budgets. School policies are available in employee handbooks/manuals and are also available in the Business Office.**

****This form must have all applicable approval signature(s) before purchase or payment is made.**

*****SALES TAX IS NOT REIMBURSABLE FOR PURCHASES MADE WITH PERSONAL FUNDS-Utah State Tax Publication 25**