

School Purchase Request

(Form shall be completed prior to purchase)

To be completed by requestor

Requestor's Name: _____

Reason: _____

Purchase Type:

Check

Purchase Card

Payable to: _____

Address: _____

Estimated Amount of Purchase: _____

Expenditure Account: _____

Principal's Approval

Date

*Purchase cards shall not be shared with staff members. Sales Tax shall be reimbursed to WCBOE by individuals personal check.

To be completed by School Bookkeeper with all supporting documents attached.

Actual Amount of Purchase: _____

Name on Purchase Card: _____

School Voucher Check Number: _____

Principal's Initials: _____