

Purchase Requisition

Chino Valley Unified School District

Check Request

Associated Student Body - Organized

Cash Purchase Order

Combination Purchase Requisition/Check Request

School Name _____

Number _____

Student Body Account _____

#

P.O.# _____

Payee _____

Invoice # _____

Address _____

Invoice # _____

City, State & Zip _____

Date Required _____

(Attach **Original** Invoices and Remittance Copies or **Original** Receipts With This Request.)

Purpose for Goods or Services _____

Are Goods for Resale? _____

Unused Items Returnable? _____

Unit Resale Price \$ _____

SPECIAL INSTRUCTIONS:

Mail Check to Payee _____

Mail Check to School-Attn: _____

Quantity

Unit

Description of Goods or Services

Unit Cost

Total Cost

Payee Sign Below When Requesting Reimbursement

Sub-Total \$

Shipping/Handling

Sales Tax

TOTAL

\$

SPECIAL INSTRUCTIONS: _____

APPROVALS

Moved _____

Seconded _____

Yes _____

No _____

Abstain _____

Appears in Student Body Minutes Dated _____

Club Advisor _____

Date _____

Principal/Designee _____

Date _____

Student Body Officer _____

Date _____

District Approval _____

Date _____

THIS SPACE FOR FINANCE OFFICE USE ONLY

Check Number _____

Current Balance

\$ _____

Issue Date _____

Check Amount

\$ _____

Mail Date _____

Signature - Business Office/Finance Clerk _____