

Purchase Requisition

Chino Valley Unified School District

Associated Student Body - Unorganized

Check Request

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 _____

SPECIAL INSTRUCTIONS: _____

Sales Tax _____

TOTAL \$ _____

APPROVALS

Principal/Designee _____ Date _____

District Approval _____ Date _____

THIS SPACE FOR FINANCE OFFICE USE ONLY

Check Number _____

Current Balance \$ _____

Issue Date _____

Check Amount \$ _____

Mail Date _____

Signature - Finance Clerk/Business Office  _____