

**Expenditure Request Authorization Form (\*\*This is not a P.O.\*\*)**  
**\*\*Employees may be held accountable for purchases not in compliance with District Policies\*\***

Teacher /Dept. Name \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ **Program** \_\_\_\_\_ **Func** \_\_\_\_\_ **Obj** \_\_\_\_\_

**\*REQUIRED**

- No bids required for requisitions up to \$3,500; **as long as no single item costs \$1,000 or more (as per State law).**
- **2 written bids** for requisitions from \$3,501 to \$25,000 on vendor stationary or vendor email.
- **Over 25,000** requisitions must be processed by the District Purchasing Department.

**\*Purchasing From / Pay to:**

Vendor /Name: \_\_\_\_\_ \*\*Amount: \_\_\_\_\_

Address/St #: \_\_\_\_\_ **Reason:** \_\_\_\_\_

*If a new vendor, please include:*

W-9 Form \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

<b>➤ Items to be Ordered</b>			<i>Remember S&amp;H charges if any ...</i>		
<u>Quantity</u>	<u>Unit</u>	<u>SKU #</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Attach additional page if necessary or use back of this form)* **Grand Total** \_\_\_\_\_

**➤ Payment Method (Please check one)**

- Purchase Order (Mail to Vendor)     
  Purchase/Travel Card     
  Reimbursement/Refund  
 Claim     
  Payroll

**➤ Approval Signature required BEFORE processing PO or payment**

Account Supervisor/  
 Dept. Chair \_\_\_\_\_ Principal \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	
<b>Pay To:</b>	
<b>Amount:</b>	
<b>Claim #:</b>	<b>Date:</b>

