

# CTE / CE EXPENDITURE REQUEST AUTHORIZATION FORM

(Attach price quotes and invoice/receipt to form)

Date: \_\_\_\_\_

Reason for expenditure: \_\_\_\_\_

Teacher: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Purchase Form/Payee:** (Complete address)

Amount: \$: \_\_\_\_\_

Company/Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- Single Line Item over \$1000 needs one bid
- Total purchase = \$3,500 - \$25,000 needs one bid
- (attach form w/quote)
- Purchasing Dept. processing is required over \$25,000

If new vendor: (Must Complete)

Tax ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

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<u>Item/SKU #</u>	<u>Quantity</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

.....

### **PAYMENT METHOD**

Check one: \_\_\_\_\_ Payroll \_\_\_\_\_ Claim  
\_\_\_\_\_ District Purchase Order \_\_\_\_\_ Purchase Card \_\_\_\_\_ Reimbursement/Refund  
\_\_\_\_\_ Warehouse Requisition \_\_\_\_\_ Travel Card \_\_\_\_\_ CONFIRMING PO

**YOU MUST INCLUDE AN ACCOUNT NAME AND # TO BE PAID FROM AND PROPER SIGNATURES OR THIS FORM WILL BE RETURNED TO YOU**

Account NAME: \_\_\_\_\_ Account #: \_\_\_\_\_

Account BALANCE: \_\_\_\_\_ Requested By: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL SIGNATURES:** Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ Date: \_\_\_\_\_

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Requisition Number: \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Purchase Card / Travel Card Actual Cost: \_\_\_\_\_

CLAIM \_\_\_\_\_

Claim Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Claim Amount: \_\_\_\_\_