

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 # _____

➤ Items to be Ordered			<i>Remember S&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)

- | | | |
|--|---|--|
| <input type="checkbox"/> Purchase Order (Mail to Vendor) | <input type="checkbox"/> Purchase/Travel Card | <input type="checkbox"/> Reimbursement/Refund |
| <input type="checkbox"/> Claim | <input type="checkbox"/> Payroll | <input type="checkbox"/> Receipt has been uploaded to Encore |

➤ Approval Signature required BEFORE processing PO or payment

Account Supervisor/
 Dept. Chair _____ Principal _____ Date _____

Office Use Only	
Pay To:	
Amount:	
Claim #:	Date:

