



Clint Independent School District
Purchase Requisition / Check Request Form

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Page

This form is only required if using Student Activity Accounts. Use Skyward for all other requisitions.

Date Required : _____

Vendor Name: _____

Ship To: _____

Address: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Phone : _____ Fax : _____

Attention of: _____

Contract Code: _____

Phone : _____ Fax : _____

Fund	Func	Object	Sub - Obj	Org	Y	Pic	Loc	Quant	Com Code	Description / Item Number	Unit Price	Extended Amount
												\$ 0.00
												\$ 0.00
												\$ 0.00
												\$ 0.00
												\$ 0.00
												\$ 0.00
												\$ 0.00
												\$ 0.00
										Shipping and Handling or Pick-Up		\$ 0.00

P-S

Total \$ 0.00

Goal: _____

Performance Objective: _____

Strategy: _____

Prepared By: _____

Reason / Purpose:

Date : _____

Required when using student activity accounts

Printed Student Name

Printed Student Title

Date : _____

Signature : _____

Printed Student Name

Printed Student Title

Date : _____

Signature : _____

Printed Requestor Name

Printed Requestor Title

Date : _____

Signature : _____

Printed Approver Name

Printed Approver Title

Date : _____

Signature : _____

Printed Other Approver Name

Printed Other Approver Title

Date : _____

Signature : _____