Clint Independent School District
Purchase Requisition / Check Request Form

Page ____ of Page ____

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

Date Required : _____

Vendor Name: _____
Address: _____
_____
City: _____ State: ____ Zip Code: _____
Phone : _____ Fax : _____

Ship To: _____
Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
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
											Total	$ 0.00

P-S

Goal: _____ Performance Objective: _____ Strategy: _____

Prepared By: _____

Reason / Purpose:

Date : _____

Required when using student activity accounts

_____ _____ Date : _____ Signature : _____
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

Revised 10.02.25