GREAT FALLS PUBLIC SCHOOLS

District Offices
1100 4th Street South
P.O. Box 2429
Great Falls, MT 59403

REQUEST FOR STUDENT ACTIVITY FUNDS

MUST PRINT AND THEN SIGN PRIOR TO PURCHASE

Date _____

Student Signature _____

Activity Account _____

Advisor Signature_____

Vendor _____

Address _____

_____

Phone _____

QUANITY	ARTICLE AND DESCRIPTION	UNIT COST	TOTAL COST

Mail Purchase Order:

YES _____ **NO** _____

TOTAL: _____

Hand Carry:

YES_____ **NO**_____

Email:

YES _____ **NO** _____

Email: _____