Fredericksburg ISD

FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT
PURCHASE/PAYMENT AUTHORIZATION FORM
Student/Campus Activity Account

Instructions: Complete this form for all orders. Submit this form to the campus bookkeeper. Keep a copy of the form in your files. Attach brochures or other information on goods/services. Remit invoice or receipts for payment to the bookkeeper.

Activity Fund Account Number _____

Account Name _____

Sponsor Name _____

Goods to be purchased _____

_____

_____

_____

_____

_____

Reason for purchase _____

_____

Expected amount of purchase $ _____

Name of Company _____

Street Address of Company _____

City, State, & Zip Code _____

_____

_____

Sponsor's Signature _____

Administrator Approval _____

Date _____

Check # _____

For Sponsor Records

Account Beginning Balance $ _____

This Transaction $ _____

New Balance $ _____