CENTRAL OFFICE USE ONLY: *Check #* *Date* *Check Amt.*

WEST VALLEY SCHOOL DISTRICT
REQUEST FOR PURCHASE/REIMBURSEMENT

Check One: ☐ Revolving Check ☐ Refund (attach receipt) ☐ PO ☐ Procurement Card ☐ Petty Cash ☐ Reimbursement Request

Vendor/Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Check One: ☐ Mail ☐ Fax ☐ Return to _____

☐ General ☐ Capital Projects ☐ ASB **ACCT NAME:**_____ **ACCT CODE:**_____

QUANTITY	DESCRIPTION	UNIT PRICE	Estimate	Actual
		$ -	$	$ -
		$ -	$	$ -
		$ -	$	$ -
		$ -	$	$ -
		$ -	$	$ -
		$ -	$	$ -
		$ -	$	$ -
		Sub-Total	$	$ -
		Tax (8.2%)	$	$ -
		Shipping (7.1%)	$	$ -
		Grand Total	$	$ -

I hereby certify under penalty of perjury that this is a true and correct claim incurred by me and that no payment has been received by me on account thereof.

Requested By: _____ Date:_____
(teacher/coach/advisor)

Club/Team Student Rep:_____ Date:_____

Approved By: _____ Date:_____
(supervisor/principal/director)

Final Approval:

ASB Secretary _____

Principal _____

Additional Approval:	Signatures	Dates
ASB Treasurer:		
ASB Advisor:		
Grant/Program Director:		
Technology Director:		
Curriculum-Asst. Supt.		

Revised4/20/2018