

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
		\$ -	\$	\$ -
		\$ -	\$	\$ -
		\$ -	\$	\$ -
		\$ -	\$	\$ -
		\$ -	\$	\$ -
		\$ -	\$	\$ -
		\$ -	\$	\$ -
		\$ -	\$	\$ -

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: _____

Sub-Total	\$	\$ -
Tax (8.2%)	\$	\$ -
Shipping (7.1%)	\$	\$ -
Grand Total	\$	\$ -

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

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

Final Approval:
 ASB Secretary _____
 Principal _____

