



**JOINT SCHOOL DISTRICT #2**

SCHOOL/LOCATION

**REQUEST FOR - (PURCHASE REIMBURSEMENT )**

**SECTION I PAYMENT INFORMATION/SPECIAL INSTRUCTIONS**

<b>Check Request</b>	<b>Education Foundation</b> 01-000-00-000-114351	<b>Purchase Order</b>	<b>REQUISITION #</b> <input type="text"/>	<b>P-CARD</b>	<b>FOR BOOKKEEPER ONLY</b> LAST 4 <input type="text"/>
<b>ASB FUNDS</b>	<b>Class/Club Account:</b> <input type="text"/>				<b>FOR BOOKKEEPER ONLY</b> ACCOUNT BALANCE <input type="text"/>
<b>DISTRICT FUNDS</b>		<b>KEY</b> <input type="text"/>	<b>OBJECT</b> <input type="text"/>	<b>VENDOR #</b> <input type="text"/>	
<b>BOOKKEEPER PLEASE SEND PO:</b>		<b>Special Instructions:</b>			
<b>REQUESTOR TO SEND PO:</b>					

**SECTION II VENDOR INFORMATION (PURCHASE)/EMPLOYEE INFORMATION (REIMBURSEMENT)**

<b>VENDOR OR EMPLOYEE NAME</b>	<b>EMP ID#</b>	<b>ADDRESS - CITY, STATE ZIP</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PHONE #</b>	<b>FAX #</b>	
<input type="text"/>	<input type="text"/>	

**SECTION III REQUEST DETAIL/APPROVAL**

QTY	UNITS	INVOICE #/ITEM #	DESCRIPTION	UNIT PRICE	ESTIMATED COST	ACTUAL COST

**\*\* ORIGINAL RECEIPTS REQUIRED FOR REIMBURSEMENT - NO SALES TAX REIMBURSED\*\***

<b>SUBMITTED BY</b> _____	<b>DATE</b> _____	<b>SUB TOTAL</b>	<input type="text"/>
<b>DEPARTMENT HEAD</b> _____	<b>DATE</b> _____	<b>FREIGHT</b>	<input type="text"/>
<b>ADMINISTRATOR</b> _____	<b>DATE</b> _____	<b>TOTAL</b>	<input type="text"/>