



Provo City School District
Policy Series 6000 Finances and Operations

6210 F11

School Expenditure Request

Name of School _____

Vendor Name: _____

Address: _____

Phone: _____

- Check Request
- Purchase Order Request
- Reimbursement Request
- Credit Card/Online Purchase
- Transfer of Funds Request
- Debit Card Purchase

Quantity	Item(s) Requested	Price

Total Amount \$ _____

 Requested By

 Date

 Budget to be charged

Account # _____	
_____ Budget Supervisor / Dept. Head Signature	_____ Date
_____ Administrator / Director Signature	_____ Date
_____ Other required Signature as needed	_____ Date