

# Valley Christian School

## Purchase Request Form

**\*\*This form MUST BE COMPLETED BY EMPLOYEE 10 DAYS PRIOR to date funds are needed in order to process.\*\***

1.	Your NAME:	Date:
2.	DESCRIPTION of purpose for purchase (be specific):	
3.	DATE by which funds are needed (allow 10 days):	
4.	VENDOR NAME (list only one vendor per PRF please):	
5.	ITEM(S) to be Purchased:	Item # Qty Price Each Budget Account Line # (optional) Estimated Amount(s)
	1.	
	2.	
	3.	
	4.	
	Estimated S+H Charges:	
	Total Amount Requested: \$	
6.	BUDGET - This expense is covered by my budget: YES NO	
7.	This expense is an annual and/or recurring expense: YES NO	
8.	BUDGET DEPT. for this expense (please CIRCLE ONE or indicate budget split): Elem. Grade: _____ SL / 9 / 10 / 11 / 12 / NHS JH Grade: _____ JH Athletics: VB / FB / GBB / BBB / T&F / TEN HS Grade: _____ HS Athletics: VB / FB / GBB / BBB / T&F / TEN Shop / Baking Arts School-Wide Testing Art, Grades: _____ Shared Office Supplies Library, Grades: _____ Staff Development Perform. Arts, Grades: _____ Textbook & Tech: Elem / JH / HS Yearbooks, Grades: _____ ACSI Accreditation \$75 Teacher Reimbursement Administration Admissions / Marketing / Eagle Wear Custodial Development: Events / Alum / Com Rel Development: Gen / BPP / Fundraisers Facility: SY / Summer / Mo-Annual IT: SY / Summer / Mo-Annual Student Store Transportation PTF Other: _____	
9.	Please check HOW this expense will be purchased (after authorization is complete): <input type="checkbox"/> On store account - they will bill VCS <input type="checkbox"/> Check to be given to me to hand deliver <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Check mailed to vendor <input type="checkbox"/> Reimbursement (receipt attached) <input type="checkbox"/> Online purchase <input type="checkbox"/> Debit card: Students 1107 or VCS 2933 <input type="checkbox"/> To be charged on VCS Credit Card (circle): <input type="checkbox"/> Unsure: please tell me my options!      Visa Home Depot Walmart Fuel Card by Elementary Office Manager	
10.	DOCUMENTATION is attached to this PRF (screen-prints, estimates, invoices, receipts, etc): YES NO	
11.	Please send me a copy of my APPROVED PRF letting me know I can proceed with my purchase: YES NO	
12.	OTHER pertinent information: (pre-authorized, verbal approval, covered by donation)	
Budget Supervisor Signature:		Date:
Budget Manager Signature:		Date:
Head of School Signature: (if over \$500 or NOT covered by Budget)		Date:
Business Office/CFO:	Budget is verified. Initials: _____	Date:
This Purchase Request is approved and purchase can be initiated: YES NO		
<b>Business Office Use ONLY:</b>		Order Total:
		Date Ordered:
		Payment Method:

## Purchase Request Form (PRF) Instructions

### NOTE:

- ✓ This form should be completed at least 10 days prior to when the funds are needed for the purchase.
- ✓ All fields must be completed.
- ✓ Form must be approved by the budget supervisor and budget manager, and head of school as required.
- ✓ Online purchases will be completed by the Elementary Office Manager, using your attached paperwork (see #8 below).
- ✓ In-person purchases are NOT to be made until you receive your “approved copy” unless you have received verbal approval from your supervisor (PRF must still be signed and routed).

### STEP 1

1. Fill in your NAME and the DATE.
2. REASON for this purchase – be specific.
3. DATE by which the funds are needed (please allow 10 days).
4. VENDOR NAME is who you will be purchasing the product(s) from.
5. ITEMS - Complete each column. It may be acceptable to write “See Attached” for the description, quantity and estimated values IF your attached documentation shows a complete list of those items. Estimates are acceptable when exact prices are not known in advance. The “Total Amount Requested” at the bottom of the item list must be completed.
6. BUDGET – was this expense already accounted for in the department budget?
7. ANNUAL/RECURRING EXPENSE – you may make an annual PRF for certain recurring expenses that are the same every month (either same in price, or same vendor every month). You may estimate your annual cost. Please see Business Office Manager if you have questions.
8. BUDGET DEPT. for this expense is the budget department from which the funds will be coming out of (such as Elementary or High School, etc). There is a list to choose from. If your budget department is not on the list, fill it in on the “Other” line. If you are unsure, ask your supervisor.
9. Check the appropriate box for how the purchase will be made (your supervisor can help with this, or you may check the “Unsure” box and the Business Office can help decide).
10. ATTACH your supporting documentation (estimates, quotes, online printouts of shopping cart BEFORE purchase, etc).
11. Request COPY of your APPROVED PRF if you would like one.
12. OTHER pertinent information as necessary.

### STEP 2

1. The PRF must be signed by the budget supervisor (see list of budget supervisors and budget managers in your Employee inder).
2. The PRF is then routed to the budget manager for approval.
3. When required, the PRF is routed to the Head of School for approval (when purchase will be over \$500 or is NOT covered by the current department budget).
4. The PRF is then routed to the Business Office for final approval and processing.

If you have any questions regarding this form or process, please contact the Business Office at 549-0482 ext. 205 or contact your supervisor.