

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: _____
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2.	ACTIVITY for which funds are needed (be specific): _____
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3.	DATE by which funds are needed (allow 10 days): _____
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4.	BUDGET CLASS for this expense (please CIRCLE ONE or indicate budget split):		
	Elem. Grade: _____	Art, Grades: _____	Shared Office Supplies
	JH Grade: _____	Library, Grades: _____	Administration
	HS Grade: _____	Perform. Arts, Grades: _____	Admissions
	Shop	Yearbooks, Grades: _____	Development - Events
	Home Ec	Inform. Technology (IT)	Development
	Driver's Ed	Facility - Regular Year	ACSI Accreditation
	Athletics: _____	Facility - Summer budget	School-Wide Testing
	Student Store	Transportation	Staff Development
	Other: _____	Custodial	PTF

5.	VENDOR NAME (who I want to purchase from): _____
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6.	ITEM(S) to be Purchased:	Item #	Qty	Price Each	Budget Account Line # (optional)	Estimated Amount(s)
	1.			\$		
	2.			\$		
	3.			\$		
	4.			\$		
	5.			\$		
	6.			\$		
					Estimated S+H Charges:	
					Total Amount Requested:	\$

7.	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"/> Check mailed to vendor	<input type="checkbox"/> Reimbursement (receipt attached)
	<input type="checkbox"/> Debit card: _____	<input type="checkbox"/> To be charged on VCS Credit Card (circle):
	<input type="checkbox"/> Unsure: please tell me my options!	Visa Home Depot Noon's Walmart

8.	DOCUMENTATION is attached to this PRF (screen-prints, estimates, invoices, receipts, etc):	YES	NO
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9.	OTHER pertinent information (if applicable): _____
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10.	Supervisor Signature: _____	Date: _____
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11.	Budget Supervisor Signature: _____	Date: _____
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12.	Head of School Signature: _____	Date: _____
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13.	Bookkeeping: _____	Budget is verified.	Initials: _____	Date: _____
This Purchase Request is approved and purchase can be initiated: YES NO				

Business Office Use ONLY:	PO Number: _____	Order Total: _____
	Initials: _____	Date Ordered: _____
		Payment Method: _____