

PURCHASE / VENDOR PAYMENT / REIMBURSEMENT REQUEST Form

Type of Request:

Submitting Procedure:

Purchase Request

Fill in section 1, 2, 4 & 5

To be used by Board Officer / Committee Chairpeople / Volunteers only.

1. Submit to the President for approval. (President's initials)
2. President will return it to you. If approved, make purchases.
3. Submit this approved form, with receipts attached, to Treasurer for payment.

Purpose: - For permission to make purchases for those committees that do not have an allocated budget.

Vendor Payment Request

Fill in section 1, 2, 3, 4 & 5

To be used by All.

1. Payment from a student's acct: (See Bylaw guidelines) Attach receipts & submit to Treasurer for approval and payment. (All requests must follow Bylaw guidelines and be incurred for/by the student, within their HS career)
2. ALL other requests must be authorized or from an allocated budget.
3. Submit to the Treasurer for review and payment.

Purpose: - For requesting payment to a Vendor from a student's account.
 - For requesting payment to a Vendor from an allocated budget*.
 - For requesting payment to a Vendor from an authorized purchase request.

Reimbursement Request

Fill in section 1, 2, 4 & 5

To be used by Board Officer / Committee Chairpeople / Volunteers only.

1. Attach receipts and submit to the Treasurer for review and payment.
2. Reimbursement Requests MUST be submitted WITH IN 60 days of purchase to receive reimbursement, or by June 20th for purchases from April 15 & beyond.

Purpose: - For requesting reimbursement for a purchase from an allocated budget*.
 - For requesting reimbursement from an authorized purchase request.

Committee *All committees must stay within their allocated budget.

Members/ All "Purchase / Vendor Payment / Reimbursement Requests" must be filled out and given to your committee chairperson for a signature.

Volunteers: Chairperson must review requests, sign designated area and submit them to the President for approval & then to Treasurer for payment.

PURCHASE / VENDOR PAYMENT / REIMBURSEMENT REQUEST

Purchase Request
 Vendor Payment Request
 Reimbursement Request

Date of Request _____ President's Initials: _____ Due date: _____ Rush ? Yes No

Payable to: Vendor Individual

Individual / Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(If not on invoice)

Submitted By: _____ Email: _____ Phone #: _____

Position: Board Officer Committee Chairperson Committee Member Volunteer

Chairpersons Signature: _____ Date of Request: _____

(If the request is made by someone other than Committee Chairperson)

Quantity	Description of Items To be Purchased / Purchased	Event / Purpose	Name of Company that purchases will be/were made	Estimated Cost / Cost

TOTAL REQUESTED \$ _____

For Executive Board Use Only

Is the Purchase / Amount requested: Budget Item If so, which Account _____
 Authorized

Ck# _____ Date: _____

AMOUNT APPROVED: _____

Amount \$ _____

Authorization signature: _____ \$ _____

Treasurer's Initials _____

Instrumental Booster Officer