School Purchase Request

**(Form shall be completed prior to purchase.)**

To be completed by requester.

Requestor’s Name:

Reason:

Purchase Type: **Check**  **Purchase Card\***

Payable To:

 Address:

Estimated Amount of Purchase:

Expendiure Account:

Principal’s Approval Date

\*Purchase cards shall not be shared with staff members. Sale Tax shall be reimbursed to WCBOE by individual’s personal check.

**To be completed by School Bookkeeper with all supporting documents attached.**

 Actual Amount of Purchase:

Name on Purchase Card:

School Voucher Check Number:

 Principal’s Initials: