

SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP STUDENT ACTIVITY FUND

Order No. _____
(Assigned by AD Office)

PURCHASE REQUEST FORM

Date: _____

Student Activity Name: _____

Vendor Name & Address:

Delivery Information & Address:

Account Number: _____

Quantity	Description of Items Purchased/Service Rendered	Unit Price	Total Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	Sales Tax 6% (IF RESELLING TO STUDENTS ONLY)		
	TOTAL		\$

Are there enough funds in the account to cover the purchase? Yes _____ No _____

Requested by: _____
Faculty Advisor

Approved by: _____
Student Activity Officer

Approved by: _____
Asst. Principal/Authorized Signature

When completed please send form to the Athletic Office with all backup attached (i.e. quote).