

LOS ANGELES UNIFIED SCHOOL DISTRICT
ELEMENTARY SCHOOL

Request for Approval of School Purchases

Part I – REQUEST FOR PURCHASE/PAYMENT

Directions: Complete items 1 – 5 before purchase of any requested items. Please note: All purchases are the property of (Name of the School).

1. Vendor/Employee's Name _____ Date _____

_____Supplies _____Equipment _____Books _____Other

2. Item Description: _____

3. Amount of Request: \$ _____ (do not exceed amount requested)

4. Turn in form to Ibia Gomez for approval.

The items requested are approved for purchase _____

Principal's Signature

PART II – APPROVAL OF PAYMENT

Check Appropriate Account: _____ Imprest _____ Student Body

Account to be charged: Title _____ Fund _____ Program Code _____

Directions: Attach original receipts to the back of this form and submit to School Administrative Assistant.

Approved for Payment _____

Principal's Signature

FOR OFFICE USE ONLY

IMPREST

STUDENT BODY

Date of Purchase/Check: ____/____/____

Check # _____

Amount _____

Imprest Claim # _____

- () Clearing
- () General Student Body
- () Augmentation & Enrichment
- () Special Sales
- () Other _____