



El Tejon Unified School District
REQUEST FOR PURCHASE / PAYMENT / PAYMENT TO VENDOR



Submit to the District Office with relevant back-up after approval by an Administrator

Purchase Order Employee Reimbursement Payment to Vendor

Funding Source/Code: _____

Vendor Information:

Name: _____

Address: _____

Contact Information: _____

Employee Information:

(Used for Employee Reimbursements Only)

Name: _____

Site: _____

Order Information: (Complete or give an explanation with a copy of the order or receipts)

Items	Quantity	Per Item Cost	Total Cost

Sub Total: _____

Tax: _____

PO#: _____

Shipping/Handling: _____

Grand Total: _____

Approval:

Requestor: _____ Date: _____

Site/Grant/Dept Administer: _____ Date: _____

Superintendent Designee: _____ Date: _____