DOUGLAS COUNTY SCHOOL SYSTEM
LOCAL SCHOOL PURCHASE/CHECK REQUEST FORM (FIN - 634)

CHECK #

_____ **SCHOOL**

Vendor: Name _____

Address _____

_____

Phone _____ **Fax** _____

Amount Requested _____

Account To Be Paid From _____

Account To Be Transferred From _____

Indicate (X) Purchase Method:

In Person	
Phone	
Fax	
On-Line	
By Mail	

Reason for Purchase (who benefited) _____

_____

_____

Quantity	Description	Unit Cost	Total Cost

If this is a technology related purchase or the total amount is $5,000 or greater, this form and all supporting documentation (local purchase order, quotes, proposals, contract, approved Tech Ticket, etc.) must be sent to the Finance Office for approval(s) <u>before items are ordered or services are requested.</u>

Discounts (if applicable) _____

Shipping _____

TOTAL _____

Requested By _____ **Date** _____
(Staff Member)

Approved By _____ **Date** _____
(Principal)

Approved By _____ **Date** _____
(Technology Department - *for technology related purchases*)

Approved By _____ **Date** _____
(Finance Office - *for check amounts of $5,000 or greater*)

Approved By _____ **Date** _____
(Superintendent - *for check amounts of $10,000 or greater*)

The information below should be completed by the office manager/bookkeeper.

CHECK INFORMATION

Check Number _____ **Check Amount** _____

Invoice Number _____ **Check Date** _____

Activity Code/Account # Posted To _____
(Account number and name)

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