

Purchase Requisition **Chino Valley Unified School District**  
 Check Request *Associated Student Body - Organized*  
 Cash Purchase Order *Combination Purchase Requisition/Check Request*

School Name _____	Number _____
Student Body Account # _____	P.O.# _____
Payee _____	Invoice # _____
Address _____	Invoice # _____
City, State & Zip _____	Date Required _____

(Attach **Original** Invoices and Remittance Copies or **Original** Receipts With This Request.)

Purpose for Goods or Services \_\_\_\_\_

Are Goods for Resale? \_\_\_\_\_ Unused Items Returnable? \_\_\_\_\_ Unit Resale Price \$ \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** Mail Check to Payee \_\_\_\_\_ Mail Check to School-Attn: \_\_\_\_\_

Quantity	Unit	Description of Goods or Services	Unit Cost	Total Cost

Payee Sign Below When Requesting Reimbursement _____	Sub-Total	\$	
	Shipping/Handling		
SPECIAL INSTRUCTIONS: _____	Sales Tax		
	<b>TOTAL</b>	<b>\$</b>	

**APPROVALS**

Moved \_\_\_\_\_ Seconded \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_

Appears in Student Body Minutes Dated \_\_\_\_\_

Club Advisor _____	Date _____	Principal/Designee _____	Date _____
Student Body Officer _____	Date _____	District Approval _____	Date _____

**THIS SPACE FOR FINANCE OFFICE USE ONLY**

Check Number _____	Current Balance \$ _____
Issue Date _____	Check Amount \$ _____
Mail Date _____	
Signature - Business Office/Finance Clerk  _____	