

# DIRECTIONS TO COMPLETE THIS FORM – All purchases require Preapproval

Failure to submit this form in advance may result in your reimbursement being denied.

1. Date – Enter today’s date.
2. Transaction type – Select the appropriate box with a “check mark”.  
Petty Cash: You will purchase something \$50.00 and under and request cash reimbursement.  
Reimbursement: You will purchase something more than \$50.00 and request Accounts Payable to make a reimbursement.  
Purchase Request: You are requesting to make a purchase. Complete reverse side of this form and send to purchasing.  
P-Card Approval: You are requesting approval to use the purchasing card.
3. Name – Be sure to print your name legibly.
4. School/Department – Name of School or Department you work in.
5. Vendor – Name of vendor/store where purchase is being made.
6. Description of Purchase – What will be purchased?
7. Purpose of Item – What will you be using this purchase for?
8. Estimated amount – How much do you realistically expect to spend?
9. Employee – Be sure to sign the request where indicated.
10. Enter the budget number to be used for this expense. If more than one budget number is to be used, please include a breakdown of the total amount to be paid to each budget number provided. (This form will not be processed unless a budget number has been provided).
11. Approved by: Prior to your purchase, this form must be approved with a signature from your direct supervisor and/or budget holder if different from the supervisor.
12. Actual Amount – After making the purchase, enter the amount you actually spent and attach the **ORIGINAL itemized receipt**.
13. Send the completed form to: District Office, Attention - Accounts Payable.

## REIMBURSEMENT / PURCHASE VOUCHER

Date: \_\_\_\_\_ Transaction Type: (Please check only one box)  
Reimbursement or Petty Cash (\$50 or under) or Purchase Request or P-Card Approval

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Vendor: \_\_\_\_\_

Description of purchase: \_\_\_\_\_

Purpose of Item: \_\_\_\_\_

Estimated Amount: \_\_\_\_\_

If Reimbursed by Petty Cash:

Date Paid: \_\_\_\_\_

Actual Amount: \_\_\_\_\_

Paid out by: \_\_\_\_\_  
(Print Name)

Employee: \_\_\_\_\_  
(Signature)

Received By: \_\_\_\_\_  
(Signature)

FUND	FUNC	OBJ	LOC	AREA	SUB AREA	PROJECT CODE	AMOUNT

Approval Signatures:  
 \_\_\_\_\_  
Principal/Supervisor’s Signature  
 \_\_\_\_\_  
Budget Holder Signature (If different from above)

**YOU MUST HAVE ORIGINAL ITEMIZED RECEIPTS ATTACHED TO THIS**

**DAVID DOUGLAS SCHOOL DISTRICT NO. 40**  
**PURCHASE REQUEST**  
*Fill out completely and forward to Business Office*

SUGGESTED SUPPLIER: \_\_\_\_\_ DATE \_\_\_\_\_

DELIVER TO: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
 DATE \_\_\_\_\_  
 MATERIAL \_\_\_\_\_  
 DESIRED \_\_\_\_\_

**BUDGET NO.**

QUANTITY	PART # / SIZE	DESCRIPTION	UNIT COST	TOTAL COST

Subtotal	
Shipping/Handling	
<b>TOTAL</b>	

**See Instructions On Reverse**  
**Be Sure Request Is Signed & Approved On Reverse**