

All purchases must be pre-approved by the employee's supervisor. The Supervisor is responsible for ensuring that adequate budget funds are available for the purchase of item with the District Corporate Credit Card. Please submit form to Director of Purchasing.

Ordered for: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

[illegible]

\*\*\*If the purchase is over \$1,500, a CBO signature will be required.\*\*\*

<input type="checkbox"/> Superintendent	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Instructional Support
<input type="checkbox"/> Board of Trustees	<input type="checkbox"/> Principal's Budget	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Department	<input type="checkbox"/> Title I	

Fund				Resource				Goal				Function				Object				Location/Sub Location													
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund				Resource				Goal				Function				Object				Location/Sub Location													
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_