

SCCS Purchase Request / Approval / Payment Form

Complete all applicable areas in this section and submit on paper or via email (along with receipts or website links) to Denise Faust.

Purchase Requested by: Ysa Olsen Name: Ysa Olsen Date: 9/20/21

Vendor	Item description	Reason for purchase (note if using \$7/student fund)	Estimated Cost
Tech-to-School	DR - city iPad Mini 4s, Cases, 1 YR warranty	NWEA Testing	2590.00

Paste website links here to assist with purchasing:

Payment Method:

<input type="checkbox"/> SCCS Credit Card	<input type="checkbox"/> Reimbursement Check (attach original receipts):	<input type="checkbox"/> Return to requester	<input type="checkbox"/> Mail
<input type="checkbox"/> Check to Vendor	<input checked="" type="checkbox"/> Mark if PO Needed	Send home with: _____	
Other/Inter-Company Transfer (Describe): _____			

#1012021

Notes/Comments:

Must ship today for arrival by Friday.

Check Information, if not on file:

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Approved/Authorized by: [Signature] Name: Ysa Olsen Date: 9/20/21

Ordered by: _____ Name: _____ Date: 9/20/2021

For Office Use:

Inter-company Transfer Information

DR acct#

CR acct#

Actual Cost	Expense acct #