

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: Lisa Olsen Name: Lisa Olsen Date: 9/19/20

Vendor	Item description	Reason for purchase (note if using \$7/student fund)	Estimated Cost
Tech to School	iPad mini 4- (10 iPads) 2 DAY AIR SHIPPING	Classroom use as a set for NWEA testing, etc.	\$2890--

Paste website links here to assist with purchasing:

2 Day AIR: \$185.94
TOTAL: \$3075.94

Payment Method:

SCCS Credit Card
 Reimbursement Check (attach original receipts):
 Check to Vendor Mark if PO Needed
 Other/Inter-Company Transfer (Describe): _____

Return to requester Mail Send home with: _____
 (Complete Check Information section below as necessary)

Notes/Comments:

SCCS 9/16/20
Need P.O. # to per K. Hoff
submit order

Check Information, if not on file:

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

Approved/Authorized by: Anna Maria Luvina Begovich Name: _____ Date: 9-17-20
 Ordered by: _____ Name: _____ Date: _____

For Office Use:

Inter-company Transfer Information	
DR acct#	Expense acct #