

Date:			
General Inform	nation		
Requesting Orga	ลกization/Individua	ıl:	
Contact Person:	Name:		
	School:		
	Phone #:	Email Address:	
Name of Project	(SFA, PTO, Camp	paign, etc):	
Purpose/Use of Funds:			
better track cos purchase is to b personal funds the Foundation	efers that, whenevests and inventory. Deepaid with your were used to assist office before any	rer possible, items are purchased through the District to avoid payment of sales tax and to The ICCSD will bill the Foundation when you note on the Requisition Form that the Foundation funds. Per District policy, we are unable to reimburse any staff member unless a family in an emergency. This form, and supporting receipts/PO, must be on file with funds will be released.	
		ETHOD OF PAYMENT USED TO MAKE THIS PURCHASE:	
Purchase	e Order: (On yo	ur Requisition Form be sure to list the Foundation Acct #)	
PO #:		Vendor	
Amount	:	Foundation Acct #:	
District 1	P-Card was us	ed to make this purchase:	
Amount	•	Vendor	
Foundat	ion Acct #:		
Pay the	below mention	ed vendor/individual directly for services rendered (an invoice is attached):	
Make c	heck payable to:		
Mail ch	eck to:		
		,	
IMPORTAN	T:		
You must att	ach a copy of l	Purchase Order/Invoice/Store or Vendor Receipts for reimbursements.	
Signatures of au	thorized account u	sers:	
	Signature	Signature	
	Signature	Signature	