Reynolds School District Revised 8/2019

CONFERENCE/TRAVEL REQUEST FOR STAFF AND/OR STUDENTS

Requestor(s)						Date of A	application:// 20		
Team/Group						•	/ Jr Varsity / Jr High / RES		
• •			of Every						
Purpose Venue							Date(s) of Event: City/State		
Check had been discovered to the contract of the contract	Date:/_ nere if Transportar s being requested, e the requisition (tion Off please	ice is to c attach the	omplete the regist	ration process.	ocess	<u>DISTRICT COST:</u> \$		
Meal Stops /	Cash Advance / Cash	Other _				:	\$		
Fransportation: School Veh Number of Departure I Return Date	nicle Needed? Students Date	/	/	of Personal Ver No. of Adults Depart Time Return Time		_	Costs to be determined by Central Administration		
Place Date Stamp Her		ere	Number of Buses: Est. Mileage for Personal Vehicle: _ Substitute(s):@Days (\$ Food Services:				\$ \$ \$		
Place Date Stamp H		re	Room:	er of Sack LunchDays x :Days x	Rate \$		\$ \$ \$		
			TOTAL ESTIMATE OF DISTRICT CO		OSTS:	\$			
FUNDING: Athletics Boosters General Fund Other ()	Registr		Transportation	Food	Room			
							turn from this meeting I will submit an er the policy of the Reynolds School District.		
APPROVED BY: Athletic Director						Date			
Principal/Supervis	sor					Date			
Superintendent						Date			
Supervisor o	of Transportation				<u>-</u>	Admini	stration Secretary		

Reynolds School District Requisition Form									
Vendor			Date						
ATTN:			Need By						
Address			Check Box that applies						
City			PO						
Phone			Check						
Fax/Email			Budget Code						
The Reynolds School district does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national									
ŭ	rigin of its educational or employment polices								
Quantity	Stock #	Description	Unit price	Total					
				\$ -					
				\$ -					
				\$ -					
				\$ -					
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				\$ -					
			-	\$ -					
			Total						
-		atalog information, date, part number, and prices. Also	Shipping						
inci	ude any speciai	instructions, e.g., Customer pick up vs. delivery	Grand total						
	(5.1.1)	Signature		Date					
-	sted by(Print)								
Supervisor Approval									
Business Manager									
Superintendent									
		Budgeted Item:							
OFFICE USE ONLY		Non Budgeted Item:							