

## Reynolds School District Requisition Form

Vendor		Date	
ATTN:		Need By	
Address		Office use	
City		P.O. #	
Phone		Vendor #	
Fax		ASA	

*The Reynolds School district does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national origin of its educational or employment polices*

Quantity	Stock #	Description	Unit price	Total
				\$
				\$
				\$
				\$
				\$
				\$
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				\$
				\$
				\$
				\$
				\$
Complete with the latest catalog information, date, part number, and prices. Also include any special instructions, e.g., Customer pick up vs. delivery			Total	\$
			Shipping	\$
			Grand total	\$

**Signature** **Date**

Requested by		
Supervisor Approval		
Business Manager		
Superintendent		
OFFICE USE ONLY	Budgeted Item:	
	Non Budgeted Item:	

# ATHLETICS

## CONFERENCE/TRAVEL REQUEST FOR STAFF AND/OR STUDENTS

Requestor(s) \_\_\_\_\_ Date of Application: \_\_\_ / \_\_\_ / 20\_\_\_  
 Team/Group \_\_\_\_\_ Varsity / Jr Varsity / Jr High / RES  
 Event Type SCRIMMAGE / TOURNAMENT / POST-SEASON / OTHER - \_\_\_\_\_  
 Purpose \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
 Venue \_\_\_\_\_ City/State \_\_\_\_\_

**DISTRICT COST:**

**Registration:**

Fees for Registration: \_\_\_\_\_ \$ \_\_\_\_\_

Registration Date: \_\_\_ / \_\_\_ / 20\_\_\_ Confirmation # \_\_\_\_\_

\_\_\_ Check here if Transportation Office is to complete the registration process.

If payment is being requested, please attach the instructions for the registration process and complete the requisition (on back).

**Miscellaneous Costs:**

Meal Stops / Cash Advance / Other \_\_\_\_\_: \$ \_\_\_\_\_

**Transportation:**

School Vehicle Needed? YES / NO (*Use of Personal Vehicle must be approved*)

Number of Students \_\_\_\_\_ No. of Adults \_\_\_\_\_

Departure Date \_\_\_ / \_\_\_ / \_\_\_ Depart Time \_\_\_\_\_

Return Date \_\_\_ / \_\_\_ / \_\_\_ Return Time \_\_\_\_\_

Costs to be determined by  
Central Administration

Place Date Stamp Here

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Place Date Stamp Here

**Number of Buses:** \_\_\_\_\_ \$ \_\_\_\_\_

**Est. Mileage for Personal Vehicle:** \_\_\_\_\_ \$ \_\_\_\_\_

**Substitute(s):** \_\_\_ @ \_\_\_ Days (\$100/day) \$ \_\_\_\_\_

**Food Services:**

Number of Sack Lunches \_\_\_\_\_ \$ \_\_\_\_\_

**Room:** \_\_\_\_\_ Days x Rate \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Board:** \_\_\_\_\_ Days x \$25.00/Day \$ \_\_\_\_\_

**TOTAL ESTIMATE OF DISTRICT COSTS:** \$ \_\_\_\_\_

**FUNDING:**

	Registration	Transportation	Food	Room
Athletics	_____	_____	_____	_____
Boosters	_____	_____	_____	_____
General Fund	_____	_____	_____	_____
Other (_____)	_____	_____	_____	_____

I certify that the above is an estimate of necessary expenses to be used for the meeting indicated. I also agree that upon return from this meeting I will submit an itemized, verified statement of expenses (with receipts attached for lodging, meals, incidentals, etc.) actually incurred as per the policy of the Reynolds School District.

**APPROVED BY:**

Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Supervisor of Transportation      \_\_\_\_ Superintendent's Secretary      \_\_\_\_ Administration Secretary