

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 policies

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

Place Date Stamp Here

Number of Buses: _____ \$ _____

Est. Mileage for Personal Vehicle: _____ \$ _____

Substitute(s): ____@ ____Days (\$____/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