

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:	

CONFERENCE/TRAVEL REQUEST FOR STAFF AND/OR STUDENTS

Requestor(s) _____ **Date of Application:** ___ / ___ / 20___
Name/Group _____ **School:** _____
Title of Event _____
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 (\$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
General Fund	___	___	___	___
PTO	___	___	___	___
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:

Principal/Supervisor _____ Date _____
 Superintendent _____ Date _____

___ Supervisor of Transportation ___ Superintendent's Secretary ___ Administration Secretary