## 2010-2011

## DEERFIELD COMMUNITY SCHOOL DISTRICT BUSINESS OFFICE BUDGET/PURCHASE ORDER/CHECK REQUEST FORM

This form is used to request budget dollars, purchase orders, or checks. Personal reimbursements shall be made on the REIMBURSEMENT REQUEST FORM. Budget requests should be made when the item(s) are not immediately needed, but will be needed during the next school year and ordered in the future. Purchase orders should be requested when ordering supplies, equipment, etc. Open purchase orders are available for ongoing purchases. Vendor order forms can be used and attached to this form. Checks should be requested when purchase orders are not accepted or for registrations, dues, fees, etc. Documentation shall be attached for all check requests. Please call the business office at Ext. 3170 if you have any questions.

| This req                    | uest is for a (                    | check   | one)             |           | check      | 0         | rchase Order<br>Order During So<br>order on<br>Orther Instruction | ummer<br>(dat           | □ Budget A                    | Approval C    | Only<br>—     |
|-----------------------------|------------------------------------|---------|------------------|-----------|------------|-----------|---|-------------------------|-------------------------------|---------------|---------------|
| Budget                      | category (che                      | eck one | e)               | □С        | urriculu   | ım Bud    | get (Fund 10)   |                         | al Ed. Budge<br>ary Budget (F |               | ()<br>_       |
| Bridges                     | (Fund 80)                          |         |                  |           |            |           |   |                         | , , ,                         | ,             |               |
| REQUE                       | STED BY: _                         |         |                  |           |            |           |   |                         | DATE:                         |               |               |
|                             |                                    |         | (                | Staff N   | Member     | Name F    | Required)   |                         |                               |               |               |
|                             | _                                  |         |                  | (Grade    | e, Depa    | rtment, I | Program)  |                         |                               |               |               |
| REASO                       | N: _                               |         |                  |           |            |           |   |                         |                               |               |               |
| FROM:                       | _                                  |         |                  |           |            |           |   | LEPHONE                 | #:                            |               |               |
|                             | _                                  |         | (Name of         |           | iny)       |           | 1   | TOLL FREE               | #:                            |               |               |
|                             |                                    |         |                  | ress)     |            |           |   |                         |                               |               |               |
| <u> </u>                    |                                    |         | (City, St        | ate, Zip  | )          |           |   |                         |                               | T             |               |
| QTY.                        | CATALOG                            | à#      |                  |           |            | ITEM      | & DESCRIPT  | ION                     |                               | UNIT<br>PRICE | TOTAL<br>COST |
|                             |                                    |         |                  |           |            |           |   |                         |                               |               |               |
|                             |                                    |         |                  |           |            |           |   |                         |                               |               |               |
|                             |                                    |         |                  |           |            |           |   |                         |                               |               |               |
| □ Ob a ala                  | l !£                               | 1       |                  |           |            |           |   | ± T.                    | otal From Bacl                | Total         | \$            |
|                             | here if addition<br>are ordered on |         |                  |           |            |           | + Shippina  |                         | g (if unknown,                |               | \$            |
|                             | ck of this shee                    |         |                  |           |            |           | - 11 3  |                         |                               | D TOTAL       | \$            |
| ACCOU                       | INT CODES:                         |         | _                | _         |            | _         |   | _                       | = \$                          |               |               |
|                             |                                    | (Fund)  | (Loca            | tion)     | (Object)   | )         | (Function)  | (Project)               | (Amount)                      |               |               |
|                             |                                    | (Fund)  | _ <b>-</b> (Loca | <br>tion) | (Object)   | <u> </u>  | (Function)  | _ <b>-</b><br>(Project) | = \$(Amount)                  |               |               |
|                             |                                    | (- 22)  | (2004)           | /         | ( = 5,000, | •         | (·)   | (- 19,000)              | (                             |               |               |
| SUPERVISOR'S APPROVAL: DATE |                                    |         |                  |           |            |           | <b>:</b>  |                         |                               |               |               |
| PO#: (7                     | To Be Assigne                      | ed By I | Busines          | s Offi    | ce)        |           |   |                         |                               |               |               |

(Revised Feb 2010) Form B-2

## **ADDITIONAL ITEMS**

| QTY. | CATALOG# | ITEM & DESCRIPTION PRIC | TOTAL COST |
|------|----------|-------------------------|------------|
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          |                         |            |
|      |          | Total This Pag          | je   \$    |

(Revised Feb 2010) Form B-2