

PURCHASING REQUEST / REIMBURSEMENT FORM

Spartanburg Christian Academy

For Office Use Only:
____ Admin Approval
____ Email Sent
____ Items Received

Instructions: Complete form and route to the financial office for approval.
All purchases must be approved prior to placing an order.

Name _____ Date Requested _____

Total amount requested for purchase order or check request (including tax & shipping): \$ _____

List items requested below (if needed, attach separate sheet with all information)

Item	No. Ordered	Price of each	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

☐ **Purchase Order Request**

Company Name: _____

Address: _____

Phone: _____ FAX: _____

☐ **Check Request – (Attach the original receipt and one copy of receipt to this form.)**

**Must be turned in by 12:00 p.m. on Monday to receive a check on Thursday.*

☐ Reimbursement (please explain): _____

☐ Check needed for (please explain): _____

Company Name: _____

Address: _____

Phone: _____ FAX: _____