

KILLEEN INDEPENDENT SCHOOL DISTRICT
AUTHORITY TO PURCHASE/CHECK REQUEST
STUDENT ACTIVITY FUNDS/STUDENT-LED
GROUP

NOTE: Form must be approved by the principal/director **PRIOR** to **ORDERING** goods/services.

Campus: _____ Class (Club) Name: _____

REQUEST PERMISSION TO PURCHASE THE FOLLOWING GOODS OR SERVICES:

Reason for Request:

From the following vendor: _____ Vendor Number: _____

Budget Code: 865-00-2192 *Not to exceed Amount: _____

Teacher/Sponsor/Monitor Approval: _____ Date: _____

*Student/Club Officer Approval: _____ Date: _____
*Not applicable for the faculty/staff club only.

Principal/Director: _____ Date: _____ APPROVED DISAPPROVED
Funds verified available **BEFORE** check is issued. YES NO

Pay to (Vendor Name): _____ Vendor #: _____
If the vendor is not on the vendor list, a W-9 form must be received before issuing check. From TEAMS Vendor System

Check #: _____ Date of Check: _____ Amount: _____

*If Not to Exceed Amount needs to be edited, please fill out information below and have principal approve.
Edited Amount: _____
Principal: _____ Date: _____

RECEIPTS MUST BE ATTACHED