

SOUTHEASTERN REGIONAL SCHOOL DISTRICT

AUTHORIZATION FOR SPECIAL PURCHASE NOT ON REGULAR PURCHASE ORDER

This form must be used and approved BEFORE a special purchase is made via credit card or cash.

TO: _____

FROM: _____

PURPOSE: _____

HOW PURCHASE IS TO BE MADE: _____

AMOUNT OF PURCHASE: _____

ACCOUNT NUMBER: _____

APPLICANT: _____ DATE: _____

SUPERVISOR: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

BUSINESS MANAGER: _____ DATE: _____

SUPERINTENDENT: _____ DATE: _____