

**REQUISITION -STUDENT ACTIVITY FUNDS
ALPHARETTA HIGH SCHOOL**

Date: _____

Date Needed: _____

Make Check Payable To:

Name _____

Address _____

Phone _____

Fax _____

Receive check from: front office _____ mail _____ send home w/student _____
other Treasurer _____ pick up from bookkeeper _____

Description of Items to be Purchased: _____

Estimated Amount: \$ _____ (purchase must not exceed this amount)

Account to be Charged: _____ #: _____

Reason for Purchase: _____

Name: _____ Position: _____
(type or print) (person requesting funds) (type or print)

Signature: _____
(person requesting funds)

Approved: _____
(principal's signature)

*****For Office Use Only*****

Date Paid: _____ Received: _____

Check #: _____ Requisition Balance: \$ _____

Amount:\$ _____ As of: _____

Invoice: _____

NOTE: The purpose of this form is to provide current financial information to your Principal. If the form is not properly completed and approved prior to obligating school funds your Principal may not always have the necessary tools for making day to day financial decisions concerning your school. If an obligation is initiated without this prior approval, you may have to assume personal financial responsibility for the purchase.