PHOENIX UNION HIGH SCHOOL DISTRICT

DATE:REQ#:										
ACCOUNT/CLUB NAME SC							SCHOOL NAM	SCHOOL NAME		
						0				
FUND	PROGRAM FUNCTIO		FUNCTION	OBJECT	UNIT	SUBUNIT	RESPONSIBILITY		ROJECT	
DATE OF EV	ENT / REC	UIRED	BY DATE							
REQUEST FOR SPONSOR CHECK				PAYABLE TO:						
STATE PAYEE – PURPOSE – EVENT – DATE – ETC. ISSUED IN ACCORDANCE WITH STUDENT ACTIVITY PROCEDURE										
WAREHOUSE, VENDOR ITEM, OR CATALOG #	QUANTITY	UNIT	GIVE COMPLETE DESCRIPTION – ITEM – BRAND – SIZE – COLOR – PRICE – DATE OF EVENT – SUGGESTED SOURCE UNIT COST TOTAL COST							
VENDOR: ATTN:										
ADDRESS:										
PHONE #			FA	X #			EMAIL			
									-	

DOCUMENTS TO BE DELIVERED TO BOOKSTORE / TO BE SCANNED

REGISTRATION FORM
ORDER FORM
CONTRACT / RENTAL AGREEMENT
W-9 / SS CARD & ID
HOTEL CONFIRMATION W/ CARD AUTH

CONSULTANT JUSTIFICATION FORM
INVOICE FOR TRANSFERS
SIGNED MINUTES
MEETING SIGN-IN SHEET
PAYROLL FORM

QUOTE TRAVEL REQUISITION