

# SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP

## STUDENT ACTIVITY FUND

Order No. \_\_\_\_\_  
(Assigned by AD Office)

### PURCHASE REQUEST FORM

Date: \_\_\_\_\_

Student Activity Name: \_\_\_\_\_

Vendor Name & Address:

---

---

---

---

---

Delivery Information & Address:

---

---

---

---

---

Account Number: \_\_\_\_\_

Quantity	Description of Items Purchased/Service Rendered	Unit Price	Total Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	Sales Tax 6% (IF RESELLING TO STUDENTS ONLY)		
	TOTAL		\$

Are there enough funds in the account to cover the purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

Requested by: \_\_\_\_\_  
Faculty Advisor

Approved by: \_\_\_\_\_  
Student Activity Officer

Approved by: \_\_\_\_\_  
Asst. Principal/Authorized Signature

When completed please send form to the Athletic Office with all backup attached (i.e. quote).