

NATOMAS UNIFIED SCHOOL DISTRICT BUY-OUT REQUEST - PRIOR APPROVAL REQUIRED

NOT TO EXCEED \$150.00

NAME: _____
ADDRESS: _____

DATE: _____
SCHOOL: _____

PRE-APPROVAL To be filled out before purchase. (Please verify that funds are available before giving approval)		
_____ Site Approval	_____ Date	_____ Not to Exceed
The amount shown above is the maximum amount that is authorized to be paid by the school district. Any amount in excess of what is authorized will be the liability of the person making the request.		

General Description of Items to be Purchased	Estimated Total
	\$
	\$
	\$
	\$
	\$
Estimated Total:	\$

ACCOUNT CODE:

Fund XX	Resource XXXX	Year X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Local 1 XXX	Local 2 XXX	Amount:
									\$
									\$
									\$
									\$
Total (Must equal amount below):									\$

SPSA Goal/Action/PG #	
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<i>Please complete after purchase and submit to district office with receipts.</i>	
_____ Site Approval - Print & Sign	_____ Date
_____ District Approval- Print & Sign	_____ Date
TOTAL \$ _____	

WHITE & YELLOW-ACCOUNTS PAYABLE

PINK-PROGRAM MANAGER