

BUDGET AUTHORIZATION FORM

Date _____

Dear _____,

YOUR CLUB/ACTIVITY ALLOTMENT FOR THE _____ SCHOOL YEAR/TERM IS:
\$ _____.

Please list below the exact purchases you wish to make with these funds.

Return this form to the office of:

_____ by _____.

Once this forms is submitted, you may begin spending your funds. All purchases must conform to established DOE procedures outlined in the SOP, Chancellor's Regulations and other memoranda. If you have any questions, please feel free to contact me.

ITEM	UNIT COST	QUANTITY	TOTAL COST

VENDOR INFORMATION

Note: Please complete a SEPARATE form for each vendor.

NAME OF VENDOR	
ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL	

SIGNATURE

TITLE

DATE