

Kilgore Independent School District
Request to Purchase and be Reimbursed
Activity Funds

Date: _____

Purchasor: _____

Where purchasing? (Be specific, as approval could be dependent upon the vendor being approved for such purchases)

What items are you purchasing? (Be specific)

Purpose: _____

Approximate Amount of Purchase: _____

Account to Charge: _____

Sponsor Signature: _____

Principal's Signature _____

This form has been created for the activity fund to eliminate employees having to go to the store multiple times to secure prices and then actual check to purchase items from a store as activity funds do not have charge accounts or purchase orders.

Employees must secure this authorization prior to making the purchase. Failure to do so should result in the employee not being reimbursed. At the time the authorization is secured the employee should also secure a tax exemption certificate if appropriate as the Activity Fund **WILL NOT REIMBURSE FOR ANY SALES TAX PAID**, if the item should have been purchased tax exempt.