

**OFFICE STAFF ONLY:**

Prior Approval Received on: _____

By: _____

TEACHER PURCHASE PRIOR-APPROVAL FORM

YOU WILL RECEIVE AN APPROVAL ... DO NOT PURCHASE UNTIL APPROVAL IS RECEIVED.

Please NOTE – you must keep and submit all receipts to be reimbursed!

Teacher Name _____

Date _____

Course _____

Total Amount Requested _____

Vendor/Store Name(s) _____

Item(s) Teacher wants to purchase and be reimbursed for:

Explain purchase's relation to the course / intended use:

Administrator Approval: _____

Date _____

Request Processed By _____

Date _____