VISTA SCHOOL
ACADEMICS · ARTS · TECHNOLOGY

Please staple your receipt(s) to the back of this form.

Check Request/Visa Charge/Debit Card

Date _____

Vendor (Payee): _____

Address: _____

City, State, Zip: _____

Requestor: _____

Account: _____

For Office Use Only:

Expense Account #: _____

Funding Source (class): _____

Notes: _____

Approvals:

_____ _____
Supervising Administrative Approval: Date

_____ _____
Business Manager Date
Troy Bradshaw

_____ _____
Director/Principal Date
Samuel Gibbs

_____ _____
Board Chair ($5,000 or more) Date
David Hunter

Order Placed By: _____

Order Received By: _____

Purchase Recorded in Sub-Budget: _____

QTY	Description	Cost	Total Cost

**** Vista School does not reimburse for sales tax

TOTAL _____

***Any Forms not completed correctly may be returned unprocessed

**Any and all available documentation will ensure a speedy process

*Check requests may take up to 2 weeks to complete

Updated 8/2019