

Paradigm Required Finance Form

Your Name: _____ Date: _____

- P-Card Purchase Card Name: _____
- Debit Purchase (Admin Only)
- Reimbursement Request
- Check Request

Vendor Information

Vendor:	
Address (Check Request Only):	
Phone:	

**Please indicate which internal budget/program you are using.
If multiple please check all that apply and provide details below.**

<input type="checkbox"/> Class Budget (Class Cash)	<input type="checkbox"/> Class Fee Class _____ Period _____	<input type="checkbox"/> Special Education	<input type="checkbox"/> Admin	<input type="checkbox"/> Library	<input type="checkbox"/> Custodial/ Maintenance	<input type="checkbox"/> Other (Detail Below)
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Purchase Description

Quantity	Description & Purpose with Program Details (as applicable)	Unit Cost	Total Cost
	Sub Total:		
	Sales Tax:		
Additional Notes (e.g. Charge 5-% to my classroom and 50% to the school per Mr. Seminario)		TOTAL:	

Authorization

Approval Signature

Date

*Purchases must be made according to state law, school policy and authorized budgets. School policies are available in employee handbooks/manuals and are also available in the Business Office.

**This form must have all applicable approval signature(s) before purchase or payment is made.

***SALES TAX IS NOT REIMBURSABLE FOR PURCHASES MADE WITH PERSONAL FUNDS-Utah State Tax Publication 25