

PONCE DE LEON HIGH SCHOOL
INTERNAL ACCOUNTS PURCHASE REQUEST
(FOR PURCHASES OF \$100.00 OR MORE)

Requestor: _____

Date: _____

Name of Fund: _____

Fund Balance: _____

Items to be Purchased

Units	Item	Unit Price	Total amount
		Total Purchase	

Reason for Purchase: _____

Approved: _____ **Denied:** _____

Reason Denied: _____

Principal Signature: _____ **Date:** _____