



Purchase Request & Voucher

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Deposit Form

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Fiscal Year (Select One):

FY2023

FY2024

Process Date: _____

Amount: \$ _____

Payable/Deposit to: _____

Address: _____

City: _____ State: _____ Zip: _____

***** Be sure to attach original receipts/invoices with each request. *****

***** Be sure to attach copy of Contract, if applicable. *****

Check applicable account for DEPOSIT/PURCHASE.

_____ #01 SEL Hub ROE #1

_____ #26 GED/Testing Services

_____ #66 Nutrition Program

_____ #29 ARP Homeless

_____ #71 ROE Homeless

_____ #04 Alt. Ed. Tuition

_____ #31 Institute Fund

_____ #77 Hearing/Vision

_____ #05 County Sales Tax

_____ #33 ARP MCKV LEA

_____ #79 ROE/ISC PD

_____ #06 RWECEP

_____ #36 Bus Drivers

_____ #80 WACS

_____ #10 Early Beginnings

_____ #37 Directory

_____ #82 EBF (State Aid)

_____ #11 County

_____ #42 TAOEP - Statewide

_____ #83 Edgenuity-School Dist

_____ #15 Hancock Co. Prin./AD's

_____ #44 IRIS

_____ #84 Teen Court

_____ #19 CFC – LIC – PL - SE

_____ #49 McKinney Liaison

_____ #89 Credit Card/Fingerprinting

_____ #20 United Way

_____ #51 Purchasing Coop

_____ #90 Area III

_____ #22 Preschool for ALL

_____ #52 WAPC Budget

_____ #91 Admin. Round Table

_____ #23 LEAP

_____ #60 Annexation

_____ #95 Distributive

_____ #24 Stay-In TAOEP - Local

_____ #61 Regional Program

_____ Other:

_____ #63 Edgenuity - ROE

_____ Other:

Line Item #: _____ Amount: \$ _____

Line Item #: _____ Amount: \$ _____

Line Item #: _____ Amount: \$ _____

Line Item #: _____ Amount: \$ _____

Description/Detail of Transaction

Program Director/Coordinator: _____

Date: _____

APPROVAL– Regional Superintendent or Asst. Regional Superintendent

Date