

**KILLEEN INDEPENDENT SCHOOL DISTRICT**  
**AUTHORITY TO PURCHASE/CHECK REQUEST**  
**STUDENT ACTIVITY FUNDS/STUDENT-LED**  
**GROUP**

**NOTE:** Form must be approved by the principal/director **PRIOR** to **ORDERING** goods/services.

Campus: \_\_\_\_\_ Class (Club) Name: \_\_\_\_\_

REQUEST PERMISSION TO PURCHASE THE FOLLOWING GOODS OR SERVICES:

Reason for Request:

From the following vendor: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

Budget Code: 865-00-2192 \*Not to exceed Amount: \_\_\_\_\_

Teacher/Sponsor/Monitor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*Student/Club Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Not applicable for the faculty/staff club only.

Principal/Director: \_\_\_\_\_ Date: \_\_\_\_\_ APPROVED    DISAPPROVED  
Funds verified available **BEFORE** check is issued. YES    NO

Pay to (Vendor Name): \_\_\_\_\_ Vendor #: \_\_\_\_\_  
If the vendor is not on the vendor list, a W-9 form must be received before issuing check. From TEAMS Vendor System

Check #: \_\_\_\_\_ Date of Check: \_\_\_\_\_ Amount: \_\_\_\_\_

\*If Not to Exceed Amount needs to be edited, please fill out information below and have principal approve.  
Edited Amount: \_\_\_\_\_  
Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPTS MUST BE ATTACHED**