

**KILLEEN INDEPENDENT SCHOOL DISTRICT**  
**AUTHORITY TO PURCHASE/CHECK REQUEST**  
**CAMPUS ACTIVITY FUNDS**

**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: \_\_\_\_\_ \*Not to exceed Amount: \_\_\_\_\_  
**(Fund, Function & Object Code)**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

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**