

PURCHASE REQUEST & REIMBURSEMENT FORM

BOOT (Cooperating Association) Funds

REQUEST

All requests must have proper approval prior to purchase.

Applicant: _____

| DESCRIPTION (include vendor) | AMOUNT |
|------------------------------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL | \$ |

Attach additional sheet if needed.

Requesting Period Attire Stipend. Approved forms attached.

Funding Category: _____

Payee (if different from applicant): _____

Payee Address: _____

Supervisor Approval: _____ **Date:** _____

Sector Superintendent Approval (Required PRIOR to purchase) _____ **Date:** _____

Comments: _____

REIMBURSEMENT CLAIM

To be completed after pre-approval and/or purchase

Place completed form in "Reimbursement Claims" box for BOOT Treasurer to process.

Actual Total Cost: _____

No. of Receipts Attached: _____

Must be in same order as listed above. Actual Total Cost must match attached receipts

CLAIM PAID: Date _____ Check # _____ Account _____

Reimbursement

Pay (paid) to Vendor