

BAKERSFIELD CITY SCHOOL DISTRICT

Education Center, 1300 Baker Street
Bakersfield, CA 93305

CREDIT CARD PURCHASE REQUEST FORM

INSTRUCTIONS: Request must reach Fiscal Services 5 days prior to the intended date of purchase.

Requested by: _____ **Ext.** _____ **Date Submitted:** _____

Department/School Site: _____

Vendor: _____ **Does vendor accept PO?** _____

Date Needed: _____

Description of Purchase:

Please include tax and shipping costs in total amount

Total Amount: _____

Account Classification: _____

Single School Plan Action #: _____
(if applicable)

Principal/Department Head Signature

Date

Attach additional pages as necessary (quotes, item specifications, etc.)

FOR FISCAL SERVICES USE ONLY

Amount Authorized _____ Date Approved _____ Verified By: _____