



JACKSBORO INDEPENDENT SCHOOL DISTRICT
PURCHASE AUTHORIZATION FORM
Student/Campus Activity Account

Instructions: Complete this form when vendor will not accept purchase order. Submit this form to the campus bookkeeper. Keep a copy of the form in your files. Attach brochures or other information on goods/services. Remit invoice or receipts for payment to the bookkeeper.

Activity Fund Account Number _____

Account Name _____

Sponsor Name _____

Goods to be purchased _____

Reason for purchase _____

Amount of purchase \$ _____

Name of Company/Individual _____

Street Address _____

City, State, & Zip Code _____

Sponsor's Signature _____

Student Officer Signature
(if SAF account) _____

Administrator Approval _____

JISD Business Office _____

Date _____

Check # _____

For Sponsor Records	
Account Beginning Balance	\$ _____
This Transaction	\$ _____
New Balance	\$ _____