

# ACTIVITY PURCHASE REQUISITION

Crockett ISD  
1400 West Austin Street  
Crockett, Texas

PLEASE MAIL CHECK

RETURN CHECK TO SPONSOR

Date of Request \_\_\_\_\_

Name of Activity Account \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

Pay to Order of \_\_\_\_\_

Address of Payee \_\_\_\_\_

Explanation of Need of Funds \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of check \_\_\_\_\_ Account Balance \_\_\_\_\_

**Note:** Receipts must be turned into the Business Office when any purchase is made.  
Neglecting to turn in receipts will result in non-issuance of future checks. All activity funds must be spent on the students only. All requests must have administrative approval.

\_\_\_ Approved    \_\_\_ Not Approved

\_\_\_\_\_  
Principal/Athletic Director/CTE Director      Date

.....  
FOR BUSINESS OFFICE USE ONLY

Approved by Business Manager \_\_\_\_\_

Date \_\_\_\_\_

Paid check no. \_\_\_\_\_