Ardmore City Schools

Activity Fund Pre-Approval Form

Date of Request _____

Is a purchase order requested by the vendor? ☐ Yes ☐ No

Vendor Name: _____
Address: _____
_____
Phone No. _____
Fax No. _____

Account Name _____ Account Number _____

Quantity	Description	Unit Price	Extended Price
		Subtotal	
		Shipping	
		Discount	
		TOTAL	

Reason:

_____
_____
_____
_____

_____
Sponsor's Signature

_____
Principal's Signature

☐ Approved ☐ Disapproved
Activity Fund Custodian
Asst. Superintendent* *Asst. Superintendent's Approval required for amounts over $2,500.00
Date of Approval/Disapproval

Revised 7/19/11