

**RIVERVIEW SCHOOL DISTRICT
ACTIVITY REQUISITION**

CLUB SPONSOR MAKING REQUEST _____ CAMPUS _____

CLUB/ACTIVITY _____ DATE NEEDED _____

VENDOR _____ ADDRESS _____

****PURCHASES MAY ONLY BE MADE AFTER THE VERIFICATION OF FUNDS****

CATALOG NUMBER	ITEM/DESCRIPTION	MEASURE I.E., EA, BOX	QUANTITY	UNIT PRICE	EXTENDED PRICE

YOU MAY ATTACH AN ITEMIZED QUOTE IF YOU PREFER

PRINCIPAL/SUPERVISOR APPROVAL _____	SUBTOTAL	_____ \$ _____
	TAX	_____ \$ _____
	SHIPPING	_____ \$ _____
DATE: _____	TOTAL	_____ \$ _____

MAYBELLE CASTERA/SANDRA KNIGHT _____ DATE _____

FUNDS AVAILABLE _____

Central Office Use Only:

DATE _____	OPERATION _____
BUDGET UNIT _____	ACCOUNT CODE _____
BUDGET UNIT _____	LOCATION CODE _____