



Vanguard Academy
Inspiring Tomorrow's Leaders

Vanguard Academy
2650 Decker Lake Ln
West Valley City, UT. 84119

PO #: _____
DATE: _____

Purchase Order
Reimbursement
Bill/Invoice to Pay
Divvy Card

VENDOR:

BILL / SHIP TO:
Vanguard Academy
2650 Decker Lane Ln
West Valley City,UT. 84119

REIMBURSEMENT FOR STAFF

Make Check Payable To: _____

Address: _____

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL

Program
(circle one)

General/VAR	Special Education
Lunch Prgm	School Land Trust
Title I/II/III	Prof Development
Repairs	Custodial/Maintenance
Classroom Supplies	Tech Hardware
Curriculum	Software

Office Supplies

Prof Services

Property/Equip

Utilities

Teacher Account: _____

SUBTOTAL	_____
SHIPPING	_____
SALES TAX	_____
TOTAL	_____

Submitted by (Print & Sign): _____ Date _____

Principal's Approval: _____ Date _____

Board Member (As Needed) _____ Date _____

Board Member (As Needed) _____ Date _____

Purchases between \$1,000 and \$5,000 Require
Two Board Member's Signatures

Purchases Over \$5,000 Must Be Approved in
a Board Meetin

Board Approval Date: _____

For Internal Use ONLY

_____ / _____ / _____

Acct Cust Class

*Please attach all receipts to form