



Amazon Purchase Approval

Date: _____

Campus/Department/Grade Level: _____

Employee Name (PRINT): _____

Total Amount of Purchase: \$ _____

What budget will payment come from? *(Circle One)* General Operating / 461 (Activity Acct)

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

What will item(s) be used for? (Attach a copy of Amazon Wishlist to Approval Form)

Signature of Requestor: _____

_____ Date: _____

Approval Signature
Principal / Dept Manager / Superintendent

ONCE APPROVED

- 1.) Turn approval form into Sondra Hall in Business Office including copy of Wishlist
- 2.) Email your Wishlist to sondra.hall@tiogaidsd.net