

# WARRANT REQUEST

Document in Lieu of Purchase Order  
Chino Valley Unified School District  
5130 Riverside Dr. ~ Chino, CA 91710

Vendor #: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Site: \_\_\_\_\_

Budget \$: \_\_\_\_\_

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST MUST BE ACCOMPANIED BY AN ITEMIZED INVOICE WITH DATE AND DISTRICT NAME, ITEMIZED RECEIPTS VERIFYING AMOUNT OF REIMBURSEMENT TO STUDENT/EMPLOYEE, COMPLETE ITEMIZED LIST OF ITEMS PURCHASED IN CASE OF REIMBURSEMENT TO EMPLOYEE, COMPLETED AND ITEMIZED CONFERENCE APPLICATION, ETC. A SCHOOL DISTRICT WARRANT WILL BE PROCESSED. PLEASE ALLOW TWO (2-4) WEEKS FOR NORMAL PROCESSING.**

**Account #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

## Purpose for which goods/services are needed:

Reimbursement of registration fees for Teacher Tuition:

Date of class(es): \_\_\_\_\_

Course number(s): \_\_\_\_\_

Course name(s): \_\_\_\_\_

Number of units: \_\_\_\_\_

☐ Receipt of payment attached (required for reimbursement)

☐ Copy of grade(s) received

**I certify that the course(s) in which I enrolled, completed and seek reimbursement meet the requirements set forth by the college/university for the purpose of obtaining a degree needed to secure a teaching credential.**

PAYEE or Requisitioner: \_\_\_\_\_ Date: \_\_\_\_\_

(In the absence of an official invoice or for reimbursement to employee/student, the PAYEE must sign.)

Site Administer: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: White & Yellow : Business Office

Pink: Curriculum Dept.

Gold : Originator