

CMDS Parents' Association
Purchase Authorization Request

Please complete this form and have signed **prior** to purchasing item(s). If expense is greater than **\$800 one** signature is required. If the expense is greater than **\$5000 two** signatures are required. Include signed Purchase Authorization Request with the Vendor Payment Request or Reimbursement Request.

Project: _____

Date of Project: _____ Project Chair: _____

Purpose of Expense (items purchased): _____

Expected Date of Payment: _____

Vendor to Purchase from: _____

Address: _____

Person Making Purchase Request: _____

Authorized Signors are the Treasurer, Asst. Treasurer, President and Vice-President.

Approval: _____

Approval: _____