

**Unauthorized Purchase Form**

Name of Employee: _____ purchase date: _____

Vendor Name: _____

Purchase amount: _____

☐ Employee has received copy of CH Local Policy☐ Employee has received CH Local Policy Training

Date of training: _____

Is this the employee's first occurrence? ☐ YES ☐ NOIf no, list dates of previous occurrences
_____☐ Employee has provided memorandum to Supervisor☐ Supervisor has submitted memorandum to Superintendent☐ Approved

If approved, the following ramifications apply (any of the below may be combined):

☐ Suspension of purchasing/fundraising privileges☐ Employee payroll deduction (Deliver Copy to Payroll Department)☐ District will process payment (Deliver Copy to Business Department)

Account to be used : _____

☐ Other: _____☐ Denied

If denied, the following ramifications apply (any of the below may be combined):

☐ Suspension of purchasing/fundraising privileges☐ Employee payroll deduction☐ Other: _____

Supervisor signature: _____ Date: _____

Finance Director signature: _____ Date: _____

V:07.09.24

Vision:** Believe we can succeed, with pride we will achieve.*Mission:** The mission of the District is to educate and inspire students in a safe and supportive environment which will result in closing the achievement gap by preparing all students for college readiness and success in a global society.*