BREA OLINDA UNIFIED SCHOOL DISTICT
CAL-CARD PRE-APPROVAL FOR PURCHASES
OTHER THAN TRAVEL/CONFERENCE

Site: _____

Vendor: _____

Amount of Purchase: _____

Description of Goods or Services:

_____

_____

_____

_____

_____

Justification:

_____

_____

_____

_____

_____

Account Code _____ - _____

Psuedo *Object*

_____ _____

Site/District Administrator Signature *Date*

_____ _____

Cabinet Administrator Signature *Date*

**Note – If using categorical funds put page number of School Site Plan.*

Page #/Section: _____