

# REQUISITION FOR PURCHASE WITH CREDIT CARD

|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              |                   |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|----------------------------------------------------------------------------------------------|---------|-------------------------------|--------------|-------------------|------|
| TEACHER/ STAFF                                                                                                                                                                                                                                                                                                                                                                                                        | DEPARTMENT/ SCHOOL |             | <b>Ogden City School District</b><br><b>1950 Monroe Blvd.</b><br><b>Ogden, UT 84401-0619</b> |         |                               |              |                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              |                   |      |
| Please list account code to be billed:                                                                                                                                                                                                                                                                                                                                                                                | FUND               | LOCATION    | FY                                                                                           | PROGRAM | FUNCTION                      | OBJECT       | Object Code Title | Date |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              |                   |      |
| <b>Vendor Information</b>                                                                                                                                                                                                                                                                                                                                                                                             |                    |             |                                                                                              |         |                               |              |                   |      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |             |                                                                                              |         |                               | PHONE        |                   |      |
| ADDRESS 1                                                                                                                                                                                                                                                                                                                                                                                                             |                    |             |                                                                                              |         |                               | FAX          |                   |      |
| ADDRESS 2                                                                                                                                                                                                                                                                                                                                                                                                             |                    |             |                                                                                              |         |                               | CONTACT      |                   |      |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                      |                    |             |                                                                                              |         |                               | EMAIL        |                   |      |
| ORDERED                                                                                                                                                                                                                                                                                                                                                                                                               | UNIT               | DESCRIPTION |                                                                                              |         |                               | UNIT COST    | AMOUNT            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              | \$0.00            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               | <b>TOTAL</b> | <b>\$0.00</b>     |      |
| <b>State of Utah Tax Exemption Certificate</b>                                                                                                                                                                                                                                                                                                                                                                        |                    |             |                                                                                              |         |                               |              |                   |      |
| I hereby certify that the property specified in this order will be used in an essential governmental function and claim the sale to be exempt, under section 6, from the tax imposed by the Emergency Act of 1993. It is understood that in the event this property is resold or used other than specified we will file a return and pay the sales tax as specified under sub-section 2(d) and 2(c) of the above act. |                    |             |                                                                                              |         |                               |              |                   |      |
| Person requesting use of Credit Card Signature                                                                                                                                                                                                                                                                                                                                                                        |                    |             |                                                                                              |         | Purchasing Director Signature |              |                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |             |                                                                                              |         |                               |              |                   |      |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |             |                                                                                              |         | Date:                         |              |                   |      |

**After purchase, receipt must be submitted with credit card to the purchasing director immediately**