

# HCA PURCHASE REQUEST



Please make a copy FIRST and fill in the COPY SECOND.  
Email the finished form to [headofschool@hamiltonchristian.org](mailto:headofschool@hamiltonchristian.org)

Request Method:

- Check Reimbursement Request
- Purchase/Debit Card Order Request

Date:

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Line Item:

Budget Line item # to be filled out by Mrs. Leever

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Requested By/ Payable To:

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Date Needed:

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Purpose/Description:

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What is the estimated cost?

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**\*The check will be put in your staff mail slot in the office**

Approved By:

## THANK YOU!

 406-363-4534

 [office@hamiltonchristian.org](mailto:office@hamiltonchristian.org)

 [www.hamiltonchristianacademy.org](http://www.hamiltonchristianacademy.org)