

Commack UFSD SchoolPay Request Form

PLEASE PROVIDE COPY OF NOTICE SENT HOME TO PARENTS

Please print form

School: _____ Grade: _____ Date: _____

Requestor's Name: _____

Category:

_____ Adult Education	_____ Music Department
_____ Field Trips	_____ Summer Cougar Camp
_____ I B Exams	_____ Other: _____

New Product Name: _____

Product Description: _____

Price: _____ Surcharge: _____ (For Business Office Use)

Quantity Available: _____ (Enter the letter U - uppercase - for Unlimited)

Date Needed Posted By: _____ *

Payment Due Date: _____ (Please note: Product will be removed after this date.)

Is your product non-refundable? _____

Requestor's Signature: _____

Administrator/Director/Coordinator Approval Signature: _____

Principal's Approval Signature: _____

Business Office Approval: _____

Accounting Code: _____ (For Business Office Use)

* Requests are required to be submitted to Diana Lerch in the Business Office at least two weeks prior to posting date.

You will be notified via email based on your above name; when product has been posted for use.

For any questions please email Diana Lerch at dlersch@commack.k12.ny.us