



SANTA CRUZ
COUNTY OFFICE OF
EDUCATION
DR. FARIS SABBABH • SUPERINTENDENT OF SCHOOLS

400 Encinal Street, Santa Cruz, CA 95060
www.santacruzcoe.org

Warrant Order Request

Please issue a warrant to the following vendor:

Name: _____
Address: _____ Phone: ext _____
City, State, Zip: _____

List items and attach an original receipt for each.

Description/Invoice #	Account Code								Amount
	Fund	Resource	Year	Goal	Function	Object	School	Mgmt.	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Warrant Total									_____
\$									_____

Briefly state purpose of expenditures:

I certify that the submitted expenditures were actual and necessary.

Signed: _____
Warrant Recipient/Requestor Date

Approved: _____
Program Administrator Date

Approved: _____
Associate Supt., Division Date

BUSINESS OFFICE USE ONLY

Budget Approval: _____

Approved for Payment: _____

Deputy Supt., Business Services

Vendor#: _____

Pay Voucher #: _____

Warrant #: _____

Date: _____