

HEB PURCHASE FORM

To Be Completed By Campus Secretary

Name: _____

Campus: _____ Reason: _____
Supplies/Food/Equipment/Furniture

Budget Code: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Amount Not To Exceed: \$ _____ Date: _____

Principal/Director Approval: _____

***Failure to Return Receipts and Credit Card
Will Result in Loss of Charge Privileges At
Our Local STORES***

To Be Completed At Business Office

Signature: _____ Credit Card # _____

Date Received: _____ Due Date for Card Return: _____

Date Card Returned: _____

Amount of Receipts: _____