

**THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
SCHOOL INTERNAL FUNDS
On-line Payment Product(s) Request**

Instructions: Prior to commencement of all school on-line product activities the principal's authorization must be obtained. Complete Product Details Section of this form for authorization and include flyers sent home to parents.
*****If Total Cost of Product(s)/Trip being sold is \$10,000 or more; a copy of the Approved Superintendant Form must be included with this request. *****

Product Details

Date(s) of Sale/Event: _____

Organization: _____

Sponsor: (Please Print Neatly) _____

Purpose: _____

Product	Price

Invoice or Product: (Check Box) Invoice Product

Internal Account Name or Number: _____

Authorization

Sponsor's Signature: _____ **Date:** _____

Principal's Authorization: _____ **Date:** _____