

Albuquerque Public Schools

District Forms • 2017



AS OF 09/15/2015, THE WAREHOUSE WILL NO LONGER PROVIDE THE FORMS LISTED BELOW, TO SCHOOLS.

APS GRAPHICS ENTERPRISE SERVICES IS THE DEPARTMENT NOW HANDLING FORM ORDERING, PRINTING AND DELIVERY.

CONTACT INFORMATION:

APS Graphics Enterprise Services
912A Oak Street SE 87106 | 505.842.3696 Fax 505.842.3552

The following forms are being printed and delivered by APS Graphic Enterprise Services (GES):

NO COST: (ORDER LIMITED TO 5 PADS/PACKAGES PER PRODUCT, PER ORDER)				
Form Name	Form #	Quantity	Cost	Page
Request for Leave	AC-04	50 per package	None	1
Voucher Jacket	AC-13	100 per pad	None	2
Admit Slips	APS-40	100 per pad	None	3
Cumulative Folder	CG-02	50 per package	None	4
Academic Card	CG-03	50 per package	None	5
Request for Cumulative Folder	CG-04	25 per package	None	6
Comment Record Card	CG-09	50 per pad	None	7
Test Record Card	TG-55	50 per package	None	8
Mileage Location to Location	AD-94	50 per pad	None	9
Mileage Odometer	AD-95	50 per pad	None	10
NO COST: (ORDER NOT LIMITED)				
Form Name	Form #	Quantity	Cost	Page
Hall Passes	APS-36	50 per pad	None	11
Attendance Slips	APS-41	100 per pad	None	11
Permission to Participate (English)	APS-49	50 per pad	None	12
Permission to Participate (Spanish)	APS-49	50 per pad	None	13
COST:				
Form Name	Form #	Quantity	Cost	Page
Telephone Message Pads	AD-05	100 per pad	.61 per pad	14
AFPO Bundle (Includes 200 AFPOS and 200 Request Forms)	AFPO	200 each	\$18.00 per bundle	15-16



ALBUQUERQUE PUBLIC SCHOOLS

Request for Leave

Name: _____ Employee No. _____
 (Please print)

Job Classification _____

Date: _____

Site _____ Location No. _____

I request _____ / _____ leave as follows
 Days or Hours

Beginning date _____ and time _____

Ending date _____ and time _____

***IMPORTANT - PLEASE INDICATE TYPE OF LEAVE BEING REQUESTED**

- | | |
|--|--|
| <input type="checkbox"/> 22 Emergency | <input type="checkbox"/> 35 Union Leave |
| <input type="checkbox"/> 31 Professional | <input type="checkbox"/> 41 Annual Leave |
| <input type="checkbox"/> 32 Legal Summons | <input type="checkbox"/> 51 Leave Without Pay |
| <input type="checkbox"/> 33 Bereavement Leave | <input type="checkbox"/> 52 Personal Emergency |
| <input type="checkbox"/> 34 Paid Absence Other | <input type="checkbox"/> 54 Personal Leave |

Cost Account _____

Reason for Request & Destination: _____

(Signature of Employee)

Approved by: _____
 (Principal or Department Head)

Approved by: _____
 (Superintendent or Designee)

Distribution: White, Payroll - Yellow, employee

GES-Materials Management Form AC-04

CHECK/VOUCHER NO. _____

DATE _____

ACTIVITY FUND
PURCHASE ORDER NO. _____

SCHOOL

TO

Charge following funds

\$

Amount Paid

\$

I, or we, hereby certify that the articles covered by this voucher were received in good condition after due inspection thereof, or the services were rendered as stated, that they were necessary and proper and that the amounts claimed are just and reasonable and that no part thereof has been paid.

Principal or Authorized Representative

Title

ADMIT SLIP



Name Date Issued

Dates of absences.....

Unexcused No privilege to make up work for credit

Excused Must make up work for credit

Special Must make up for credit

Reason for absence

Teacher.....

0 3 6

1 4 7

2 5 8

GES-Materials Management Form APS-40

Student Name _____ **Student Number** _____
(Last) (First) (Middle)



CUMULATIVE RECORD
(Please Use Reproducible Ink)

Date of Birth _____ **Place of Birth** _____ **Sex** ()
(Year) (Month) (Day)

Name of Father	Name of Mother	Authority for Birth
		<input type="checkbox"/> Birth Certificate () <input type="checkbox"/> Baptismal Certificate () <input type="checkbox"/> Family Bible ()

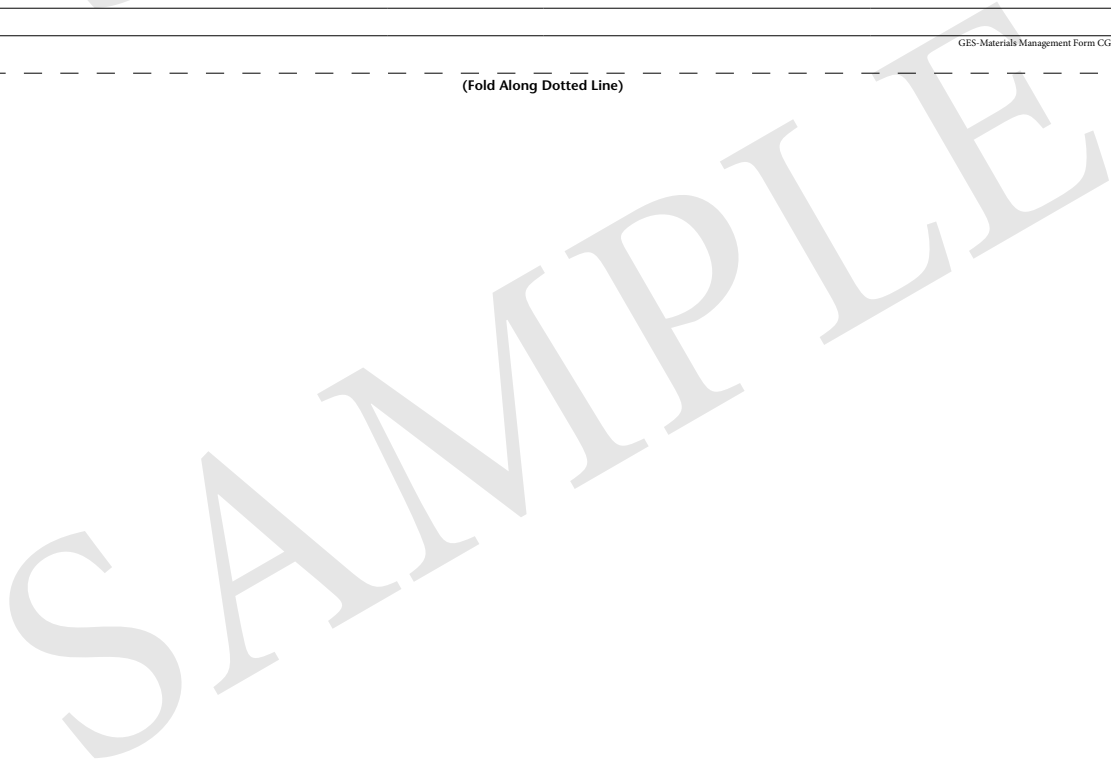
Address	Phone

Entrance Record

Data Entered	Grade/Level	School Entered	Entered From

GES-Materials Management Form CG-02

 (Fold Along Dotted Line)



STUDENT NAME _____
Last First Middle Date of Birth Student Number



ACADEMIC RECORD

SAMPLE

PUPIL'S NAME _____

REQUEST FOR PUPIL CUMULATIVE RECORD

TO _____ SCHOOL

PLEASE SEND THE CUMULATIVE RECORD FOLDER FOR THE PUPIL NAMED ABOVE WHO HAS

ENROLLED IN _____ SCHOOL

DATE OF REQUEST

TEACHER

(_____)
DATE RECORD TRANSFERRED

GRADE

PRINCIPAL



ALBUQUERQUE
PUBLIC SCHOOLS

GES-Materials Management Form CG-04

STUDENT NAME _____
 Last First Middle Date of Birth Student Number

Summary Comments

GUIDELINES FOR TEACHERS:

List specific classroom techniques used and modifications made to meet the needs of this student. Include special interests, educational needs, abilities, and other pertinent information. *(Use a reproducible pen. Please sign your name and title after each entry.)*

DATE	LEVEL	

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Summary Comments *Continued*

DATE	LEVEL	

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 **ALBUQUERQUE PUBLIC SCHOOLS** **TEST RECORD** Student Number _____ Student Name _____

ELEMENTARY

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here


Place Test Scores Here

Place Test Scores Here

Other Test Scores

High School (other side)

GED: Student Management Form TGS 13

 **ALBUQUERQUE PUBLIC SCHOOLS** **TEST RECORD (High School)** Student Number _____ Student Name _____

HIGH SCHOOL

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Place Test Scores Here

Other Test Scores

Elementary & Middle School (other side)

GED: Student Management Form TGS 13



ALBUQUERQUE PUBLIC SCHOOLS IN-DISTRICT MILEAGE CHART

ALBUQUERQUE PUBLIC SCHOOLS IN-DISTRICT MILEAGE REIMBURSEMENT

FORM 2 (AD-95) ODOMETER READINGS
FORMULARIO DE SEGUIMIENTO DE REQUERIMIENTOS

Page _____ Of _____
Month/Year _____

DATE	BEGINNING ODOMETER READING	ENDING ODOMETER READING	TOTAL MILES	REASON

DATE	"LOCATION NUMBERS FROM"	"TO"	ROUND TRIP ENTER "X"	REASON

*PLEASE USE ONLY LOCATION NUMBERS FOUND ON THE BACK OF THIS FORM
*IF YOU CAN NOT FIND A LOCATION, THEN IT SHOULD BE AN ODOMETER READING

*OFFICE USE ONLY

DISTANCE	(S) DOLLAR AMOUNT

APPROVED: Principal/Supervisor
(Signature stamp area not allowed)

DATE

(I) I certify that the above information is correct and I am entitled to reimbursement. All the information should be submitted into the Payroll Office.

EMPLOYEE'S SIGNATURE
(Signature stamp area not allowed)

DATE

MILEAGE CHART

LOC. NO.	NAME	LOCATION NO.
392	Robert L. Kennedy High	CS27
343	South Valley Academy	CS29
265		
348		
356	Albuquerque Hearing & Speech	966
357	Assumption School	975
393	Assumption School	962
280	Bernabio Soccer Field	985
360	Carne Energy Hospital	951
389	Casa Angelica	988
363	Esperanza Pre-School	967
370	Holy Ghost	961
264	Illuminati Lutheran School	994
376	La Vida Real	954
379	Lady Fatima School	976
385	Mariano Day School	978
388	Marian School	968
	MM School for the Deaf	973
	Handicapped Pre-School	983
	Peanut Butter & Jelly	991
496	Queen of Heaven	980
	Rehabilitation Center	992
	Rio Rancho	906
	San Felipe School	940
590	San Felipe School	939
591	Santa Prep School	989
900	St. Anthony's Centre	956
593	St. Charles School	957
511	St. Francis School	952
596	St. Marks in the Valley	958
549	St. Mary's School	955
516	St. Pius School	999
	St. Theres School	996
597	UNM (Main Campus)	903
598	UNM (Continuing Ed.)	914
	UNM (Main Campus)	904

EDUCATION CENTERS

411	APS Autism Center	411
409	ActecISP	409
234	Chaparral ISP	234
068	Jessie Jackson Center	068
792	Lowell Transition Services	792
800	Wesley Dorst	800
800	@Harrison	800
800	@John Adams	800

CHARTER SCHOOLS

CS01	21st Century Public Academy	CS01
CS28	AQU Charter Academy	CS28
CS05	Albuquerque Talent	CS05
CS06	Development Academy	CS06
CS32	Alize King Community	CS32
CS09	Bataan Military Academy	CS09
CS10	Christine Duncan Heritage Academy	CS10
CS11	Centrales International School	CS11
CS13	Digital Arts and Technology Academy	CS13
CS14	El Camino Real Academy	CS14
CS16	Gordon Bennett	CS16
CS20	La Academia de Esperanza	CS20
CS21	Los Puentes	CS21
CS22	Montessori of the Rio Grande	CS22
CS23	Mountain Majesty	CS23
CS24	Native American Community Academy	CS24
CS25	Wreston Estates	CS25
CS25	Public Academy for Performing Arts	CS25

*The only location numbers on this list.

413	Ernie Pyle Middle School	413
415	Garfield Middle School	415
416	Grant Middle School	416
418	Harrison Middle School	418
420	Hoyes Middle School	420
490	Jackson Middle School	490
425	Juanes Romero Middle School	425
485	Jefferson Middle School	485
405	Jimmy Carter Middle School	405
427	John Adams Middle School	427
495	Kennedy Middle School	495
435	L. B. Johnson Middle School	435
440	Madison Middle School	440
448	McKinley Middle School	448
452	Park Middle School	452
455	Roosevelt Middle School	455
457	Taft Middle School	457
492	Taylor Middle School	492
475	Tony Hillerman Middle School	475
460	Truman Middle School	460
465	Van Buren Middle School	465
470	Washington Middle School	470
	Wilson Middle School	

ELEMENTARY SCHOOLS

204	A. Mearns Elementary School	204
206	Acoma Elementary School	206
207	Adobe Acres Elementary School	207
210	Alamogordo Elementary School	210
213	Alvarado Elementary School	213
214	Apache Elementary School	214

231	Edwin Smith Elementary School	231
282	Kia Carson Elementary School	282
285	La Luz Elementary School	285
288	La Mesa Elementary School	288
373	Lansford Elementary School	373
291	Law Wallace Elementary School	291
297	Longfellow Elementary School	297
336	Los Padillas Elementary School	336
300	Los Ranchos Elementary School	300
303	Lowell Elementary School	303
365	Maplehurst Elementary School	365
364	Maria Hughes Elementary School	364
250	Mark Twain Elementary School	250
305	Maryken Babcock Elementary School	305
260	Matheson Park Elementary School	260
307	Mariano Mesa Elementary School	307
309	McCallum Elementary School	309
310	Mission Elementary School	310
312	Mitchell Elementary School	312
315	Monte Vista Elementary School	315
324	Montezuma Elementary School	324
327	Mountain View Elementary School	327
268	Navigo Elementary School	268
227	North Star Elementary	227
332	Osate Elementary School	332
275	Osuna Elementary School	275
333	Painted Sky Elementary School	333
317	Pajarito Elementary School	317
330	Petroglyph Elementary School	330
	Reginald Chavez Elementary School	

GPS-Mileage Measurement Form AD-95

HALL PASS


**ALBUQUERQUE
PUBLIC SCHOOLS**

PASSTO...*(Check One Only)*

Class **Counselor** **Main Office**
 Library **Nurse** **Restroom**
 Principal **Attendance Office**

Student _____

By _____ Date _____

Time Left _____ Time **ARRIVED** _____


Time Left _____ Time **RETURNED** _____

Teacher _____

Hall Guard _____

GES-Materials Management Form APS-36

ATTENDANCE


**ALBUQUERQUE
PUBLIC SCHOOLS**

Date _____

STUDENT NAME	Period	Absent	Tardy

Teacher _____

GES-Materials Management Form APS-41



ALBUQUERQUE PUBLIC SCHOOLS PERMISSION TO PARTICIPATE/AUTHORIZATION FOR MEDICAL SERVICES

This form is to be filled out completely and returned to the activities leader (SPONSOR) before the student is allowed to practice, compete, perform, and/or participate in extra-curricular or co-curricular activities.

The parent/guardian of _____, who attends _____
STUDENT NAME SCHOOL NAME
gives permission, indicated by signature at the bottom of this page, for this subject to participate in the activity described below.

BRIEF DESCRIPTION OF ACTIVITY _____ DATE OF ACTIVITY _____

TRANSPORTATION BY: BUS, PERSONAL AUTOMOBILE, OR OTHER/ EST. TIME OF DEPARTURE/ EST. TIME RETURN _____

The parent/guardian recognizes that activities and/or trips involve some degree of risk and that the school district can not guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **IF YOUR CHILD HAS SPECIAL MEDICAL NEEDS OR ROUTINELY MUST TAKE MEDICATION YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.** A copy of this permission form will accompany the activity sponsor.

Students and staff are expected to display the virtues of respect, citizenship, caring, trustworthiness, fairness and responsibility. These are the six pillars of "Character Counts!" All students who are participating in extra-curricular activities or field trips are expected to practice these qualities both on and off campus. Participation in extra-curricular activities is a privilege offered to, and earned by, students. Students engaged in these activities are serving as representatives of their school and community and are expected to maintain the highest standards of behavior at all times. Students are expected to abide by all the standards of the Albuquerque Public Schools Student Behavior Handbook and the conduct code of their individual school.

Students who will require a prescription medication during the course of the field trip must advise the activity sponsor in advance. A copy of the doctor's medication order or prescription must be on file in the school nurse's office. Special arrangements for the transporting of student medications may be required.

EMERGENCY CONTACT INFORMATION-PLEASE PRINT CLEARLY

STUDENT HOME ADDRESS _____

PARENT HOME PHONE NUMBER _____ PARENT WORK PHONE NUMBER _____

NAME OF OTHER EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE NUMBER _____

MEDICATION(S) STUDENT IS TAKING _____ KNOWN ALLERGIES TO MEDICATION OR FOODS _____

We agree to the statements above.

_____ PARENT SIGNATURE _____ STUDENT SIGNATURE

_____ DATE _____

_____ SPONSOR SIGNATURE _____

APS-49 REV. 01-17
DO NOT DUPLICATE



RE: MEDICAL SERVICES FOR TAKE MEDICATIONS OR WHILE PARTICIPATING

Dear parent/guardian of _____ (Name)

Albuquerque Public Schools wishes to ensure that you are informed if your child is ill or injured during school sponsored activity, it is necessary that you consent in case an emergency occurs. **You must**

In the event of illness or injury, a reasonable effort will be made to notify the parent/guardian if services being given. If we are unable to do so, we will act by acting in your behalf based on written consent.

Selection of a doctor or hospital will be made if the parent/guardian is unknown, the student will be taken to the closest appropriate facility.

AUTHORIZATION

I, the parent/guardian of _____ (Name)

hereby designate the sponsor of the field or activity trip. I authorize she may authorize such hospitalization, medical attention, and/or illness or injuries sustained by my child while participating in the activity. I accept responsibility for hospitalization, medical attention, and/or transportation.

- 1 List medical concerns (including allergies) _____
- 2 Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on field trip or participating in extracurricular or co-curricular activities _____
- 3 Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student in an emergency _____

(Parent Signature)

(Date)

(Student Signature)

(Date)

LIMITED OR NO MEDICAL SERVICES AUTHORIZED

IF PARTICIPATION IN FIELD TRIP OR ACTIVITY TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUTHORIZED, PLEASE ATTACH A WRITTEN STATEMENT OF PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP. THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS.

APS-49 REV. 01-17
DO NOT DUPLICATE



ESCUELAS PÚBLICAS DE ALBUQUERQUE
PERMISO PARA PARTICIPAR/AUTORIZACIÓN PARA QUE SE PRESTEN SERVICIOS MÉDICOS

Este formulario se deberá llenar completamente y se le devolverá a la persona encargada de organizar las actividades (SPONSOR), antes que al estudiante se le permita practicar, competir, tomar parte en representaciones o participar en actividades extraescolares o complementarias.

El padre/tutor de _____ quien estudia en la escuela _____ ESCUELA
 mediante su firma al final de esta página, otorga permiso para que el estudiante participe en la siguiente actividad:

DESCRIPCIÓN BREVE DE LA ACTIVIDAD	FECHA DE LA ACTIVIDAD
MEDIO DE TRANSPORTE: AUTOBÚS, AUTO PARTICULAR, OTRO	HORA APROXIMADA DE PARTIDA / HORA APROXIMADA DE REGRESO

El padre o tutor legal reconoce que en toda actividad o excursión hay cierto grado de riesgo y que el Distrito escolar no puede garantizar la seguridad de los participantes. Con conocimiento de dicho riesgo, el padre o tutor otorga permiso para que el estudiante participe.

En caso de que ocurra un accidente que requiera atención urgente, si fuese factible, se hará un esfuerzo prudencial para notificarle al padre o tutor legal. Mediante la firma que aparece abajo, el padre o tutor legal autoriza el tratamiento médico de urgencia o la hospitalización que considere necesario el personal de socorro o el personal médico. **SI SU HIJO(A) TUVIESE ALGUNA CONDICIÓN MÉDICA ESPECIAL, O DEBA TOMAR UN MEDICAMENTO REGULARAMENTE, USTED DEBERÁ LLENAR EL REVERSO DE ESTA HOJA.** La persona encargada de la actividad llevará consigo una copia de este permiso.

Se espera que tanto los estudiantes como el personal escolar den muestra de los principios morales en los que se funda el programa CHARACTER COUNTS: respeto, civismo, consideración, honradez, justicia y responsabilidad. Se espera que todos los estudiantes que participen en actividades extraescolares o en viajes de estudio se comporten de ese modo dentro y fuera de la escuela. La participación en actividades extraescolares es un privilegio que se le concede al estudiante y del cual debe hacerse merecedor. Al participar en esas actividades el estudiante estará representando a su escuela y a su comunidad y se espera que en todo momento observe las más altas normas de conducta. Se espera que los estudiantes observen todas las normas prescritas en el Manual de Comportamiento para los Estudiantes de APS, así como el código de conducta de la escuela a la que asisten.

El estudiante que durante un viaje de estudios requiera tomar un medicamento por prescripción médica, de antemano deberá advertirle eso a la persona encargada de la actividad. Se guardará una copia de la receta médica en los archivos de la enfermería de la escuela. Tal vez sea necesario hacer arreglos especiales para transportar el medicamento que deba tomar el estudiante.

CONTACTO EN CASO DE URGENCIA - FAVOR DE ESCRIBIR EN LETRA DE IMPRENTA

DOMICILIO DEL ESTUDIANTE _____
 NÚMERO DE TELÉFONO EN LA CASA (PADRE/MADRE) _____ NÚMERO DE TELÉFONO EN EL TRABAJO (PADRE/MADRE) _____
 NOMBRE DE OTRA PERSONA PAR LLAMAR EN CASO DE URGENCIA / PARENTESCO / TELÉFONO _____
 MEDICAMENTOS QUE ESTÉ TOMANDO EL ESTUDIANTE _____ ALERGIAS A MEDICAMENTOS O ALIMENTOS _____

Estamos de acuerdo con lo que se indica arriba

FIRMA DEL PADRE/MADRE/TUTOR _____ FIRMA DEL ESTUDIANTE _____

FECHA _____
 FIRMA DEL PATROCINADOR _____

APS-49 REV. 01-17
 NO DUPLICAR

- Los medicamentos que el estudiante deba tomar o se le deban administrar durante un viaje de estudios o cuando participe en una actividad extraescolar complementaria, para lo cual se ha llenado un formulario donde se autoriza que lo(s) tome en la escuela.
- Medicamento(s) por prescripción médica que el estudiante deba tomar o se le deba(n) administrar en caso de urgencia, para lo cual se ha llenado un formulario donde se autoriza que lo(s) tome en la escuela.

 (Fecha)

 (Fecha)

 (Firma del padre / tutor)

 (Firma del estudiante)

**SE AUTORIZA LA PRESTACIÓN LIMITADA DE SERVICIOS MÉDICOS
 O NINGUNA PRESTACIÓN DE SERVICIOS MÉDICOS**

SI USTED HA AUTORIZADO LA PARTICIPACIÓN DE SU HIJO(A) EN UNA ACTIVIDAD O EN UN VIAJE DE ESTUDIO PERO NO AUTORIZA QUE SE LE PRESTEN SERVICIOS MÉDICOS, SÍRVASE COMUNICAR POR ESCRITO Y ADJUNTAR A ESTE FORMULARIO LOS PROCEDIMIENTOS QUE HAN DE SEGUIRSE SI SU HIJO(A) SUFRIESE ALGUNA LESIÓN O SE ENFERMARA DURANTE LA EXCURSIÓN.

LA PERSONA A CARGO DE LA ACTIVIDAD DEBERÁ TENER CONSIGO ESTE FORMULARIO EN TODO MOMENTO DURANTE TODAS LAS EXCURSIONES.

APS-49 REV. 01-17
 NO DUPLICAR

PERMISO PARA PARTICIPAR/AUTORIZACIÓN PARA QUE SE PRESTEN SERVICIOS MÉDICOS O SUFRAN LESIONES, O ATENDAN SERVICIOS MÉDICOS QUE DE ESTUDIO PATROCINADOS

Permiso para los estudiantes que puedan participar en actividades extraescolares o en viajes de estudio de un estudiante que participe en una actividad extraescolar complementaria, para que se le hospitalice, para que reciba atención médica de urgencia o hospitalización crítica. Si no da su consentimiento, usted no debe firmar este formulario.

De antemano de su consentimiento, la persona a cargo de la actividad de estudio debe firmar la autorización por escrito que usted otorga.

Si el estudiante no se conociese, se llevará a cabo una entrevista con usted.

SERVICIOS MÉDICOS

Yo, _____ he leído lo anterior y por este medio autorizo que el estudiante participe en la actividad de estudio de _____ en caso de que ocurra una situación de emergencia que requiera atención médica y la intervención quirúrgica que se requiera para mi hijo(a) mientras participaba en actividades extraescolares o en viajes de estudio, hospitalización, atención médica e intervención quirúrgica. Con mi conocimiento y el de la persona encargada y los participantes.

IMPORTANT MESSAGE

FOR _____

DATE _____ TIME _____ A.M.
P.M.

WHILE YOU WERE AWAY

M _____

OF _____

PHONE NO. _____ Cell. # _____

RETURNED YOUR CALL		PLEASE CALL	
REQUEST A MEETING		URGENT	

MESSAGE _____

GES-Materials Management Form AD-05



Activity Fund Purchase Order

Vendor: _____

Ship to: _____

Quantity	AF Acct.	Description	Unit Price	Total Price
----------	----------	-------------	------------	-------------

Sponsor or Department Head Signature

Principal's Signature

Account to Charge

Received By

Date

See APS general terms and conditions located in the APS Procurement website.

Navigate to:
www.aps.edu/procurement

Go to the left side of the page to click on the link.

PO Total _____



Request for Activity Fund Purchase Order (this is NOT a Purchase Order)

Date: _____

Requestor Name: _____

Vendor Name and Number: _____

Vendor Address: _____

Description: _____

(Please attach order form or quote if applicable. If PO is for a service, the Vendor Number must be on this form.)

Total Amount Not to Exceed: \$ _____

Activity Fund to be charged: _____

Sponsor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

(Please allow a minimum of 24 hours for processing)

GES-Materials Management Form AFPOR

DISTRICT FORMS PENDING MANDATE PRINTING APPROVAL





Albuquerque Public Schools District Forms • 2017



ALBUQUERQUE PUBLIC SCHOOLS

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