

S^D Associates LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
 37 Talcott Road, Suite 114, Williston, VT 05495 *www.sdplus.org* (802) 662-7831

Purchase Form

Date: _____ **Program:** ___ Ops (00) ___ Williston (01) ___ Windsor (02) ___ FUV (12)

Staff Name Who Made Purchase : _____ **Receipt Attached:** (y/n) _____

Staff Filling Out This Form (if same, leave blank) _____

Form of Payment: ___ Company Card ___ Petty Cash ___ Personal Card or Cash ___ Other

Reimbursement Needed?: ___ Yes ___ No Total Amount Due _____

Purchase Type: If the order/purchase is of more than 2 different areas – separate by cost in the final column.
 If using a budget mark B and your initials in the who approved spot.

X	Type of purchase	Definition of Type	Client #	Cost
	Program Materials AZ	Consumables	Client #	
	Program Materials BZ and CZ	Reinforcers and Field Trips will be billed to family.	Client #	
	Office Materials	Attach * packing slip if applicable	COGS	
	Furniture	Who approved Location	COGS/I	
	Curriculums/Clinical Resources	Who approved	COGS/I	
	Technology and Equipment	Who approved	COGS/I	
	Professional Fees	Type:	COGS/I	
	Materials for AZ student specific to need (accommodations)	This will be billed to school. Who approved from the school:	Client #	
	Staff Reinforcement	If Individual or small group who approved:	COGS	
	Lunch for Clients	Why:	COGS	
	Advertisement /Promotional	Who approved:	COGS	
	Other	Notes (to incl who approved and why)		

All items that * when received if not consumable should be marked with student # with black marker all other items should be marked with SD Associates & the program #

Office use only:

Received: _____ Date: _____ Bill to: _____