

HILLSBORO CITY SCHOOLS  
PRE-AUTHORIZATION FOR DONATION/FIELD TRIP

DONATION/FIELD TRIP TO: \_\_\_\_\_ FOR FY \_\_\_\_\_

PROPOSED DATES: \_\_\_\_\_

STUDENT FEE: \$ \_\_\_\_\_ STUDENT GROUP: \_\_\_\_\_

PURPOSE/DESCRIPTION OF DONATION/FIELD TRIP: \_\_\_\_\_

\_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Approved By:

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Treasurer Date

\_\_\_\_\_  
Superintendent Date

Advisor reference:

\_\_\_\_\_  
Account# to deposit into

\_\_\_\_\_  
Account# for Purchase Req