REQUEST FOR EXPENDITURE

Date: _____

School: _____ **District/ROC:** _____

Estimated Amount of Expenditure: $_____

Actual Amount of Expenditure: $_____

Purpose of purchase: _____

Description of purchase: _____

Charge to school account: _____

AUTHORIZED SIGNATURES:

_____	_____	_____
Purchaser	Advisor (if applicable)	Principal (or designee)

Date: _____

Payee: _____

Check No.: _____

Address: _____

_____	_____
Counter Signature (When Applicable)	Signature of School Treasurer

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Attach invoice(s) to this request