

Skykomish School District 404

Master Card Expenses

Please fill out completely and attach the receipt.

Name of employee: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Total amount of purchase: \_\_\_\_\_

Name, and address of vendor/company or store:

\_\_\_\_\_

Purpose:

\_\_\_\_\_

***Business Office Use :***

***Program:*** \_\_\_\_\_

***Activity:*** \_\_\_\_\_

***Object:*** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Expense

\_\_\_\_\_  
Date