CLOTHING PURCHASE

(Taxable Fringe Benefit)

Note: This form must be completed and submitted to the Treasurer's Office at the time the requisition is submitted for processing. Requisition may not be processed without this completed form.

Requisition Number: _____ Date: _____

District Employee	Description of Clothing Item(s)*	District Cost
	TOTAL COST	**$**

Requisitioner Signature: _____

*Only include items with a cost greater than $25.00.