

# Richland County School District One

## OFSP ADMIN EXPENDITURE REQUEST FY24

TO: FINANCIAL SERVICES  
Accounts Payable

DATE: \_\_\_\_\_

1: PLEASE PAY TO:

NAME: \_\_\_\_\_ VENDOR #: \_\_\_\_\_

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

\_\_\_\_\_

2. The amount and expenditure information is as follows:

| ORG      | OBJECT | PROJECT | AMOUNT |
|----------|--------|---------|--------|
| 56018981 | 332250 | 42010   | \$     |

3. FOR: in district travel for the month of \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_