

# Richland County School District One

## ECAT/SOCIAL WORKER 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
56018855	332250	42010	\$

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

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

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