

Richland County School District One

PSYCHOLOGIST 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
56018885	332250	42010	\$

3. FOR: in district travel for the month of _____

Signature: _____

Approved: _____