RICHLAND COUNTY SCHOOL DISTRICT ONE
EXPENDITURE REQUEST

TO; FINANCIAL SERVICES
ACCOUNTS PAYABLE

FROM:

DATE:

1. PLEASE PAY TO:

NAME _____ S.S.# _____

ADDRESS _____

_____

_____

ATTN: _____

2. THE AMOUNT AND EXPENDITURE INFORMATION IS AS FOLLOWS:

ORG.	OBJECT	PROJECT		AMOUNT
TOTAL				

3. FOR: _____

_____

_____

_____

REQUESTED: _____
SIGNATURED/TITLE

APPROVED: _____
SIGNATURED/TITLE

RICHLAND COUNTY SCHOOL DISTRICT ONE

TRAVEL RECORD MONTH OF _____, 20____ NAME _____

DATE 20____	FROM—	TO—	METER READING	MILES TRAVELED
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REMARKS			TOTAL	
			AMOUNT TO CLAIM	$