San Bernardino County Superintendent of Schools

DISTRICT FINANCIAL SERVICES
ELECTRONIC AUDIT EXCLUSION REQUEST

District Number: _____ **District Name:** _____

Reason (for add):

H/W - Health/Welfare
U - Utilities
L/R - Lease/rental
F - Perishable Foods
O - Other (explain)

	Reason	Vendor Name	Vendor Number	Detail	Fund	Object	Amount
Add Delete Change							
Add Delete Change							
Add Delete Change							
Add Delete Change							
Add Delete Change							
Add Delete Change							

_____ _____

District Authorized Agent | District Financial Services Approval

_____ _____

Date | Date