

**RICHLAND COUNTY SCHOOL DISTRICT ONE
EXPENDITURE REQUEST**

**TO: FINANCIAL SERVICES
ACCOUNTS PAYABLE**

FROM: _____

DATE: _____

1. PLEASE PAY TO:

NAME: _____ **SSN#** _____ **EMPLOYEE #** _____

ADDRESS: _____

2. THE AMOUNT AND EXPENDITURE INFORMATION IS AS FOLLOWS:

ORG.	OBJECT	PROJECT		AMOUNT
TOTAL				

3. FOR: _____

REQUESTED BY: _____

APPROVED BY: _____