

**CERTIFICATION OF EXPENDITURE**

Check One:

GENERAL FUND

A.S.B. FUND\*\*\*

Date: \_\_\_\_\_

Location: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under penalty of perjury that this is a true and correct statement of funds expended for goods or services rendered to Fife School District No. 417; that I have either  lost or,  was unable to acquire a receipt for item(s) shown and have exhausted all reasonable efforts to find or obtain them.

**Vendor**

\_\_\_\_\_

**Amount Expended**

**\$** \_\_\_\_\_

**Date of Expenditure**

\_\_\_\_\_

Itemization of goods/description of services procured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To whom was expenditure made and at what location/address and telephone number (if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

***Complete Only if ASB Fund at Secondary Schools	
_____ ASB Student Officer Signature	_____ Date
_____ Advisor/Treasurer Signature	_____ Date