Farmersville Unified School District

Small Purchase Claim

Employee: _____ Vendor #: _____

Address: _____ Travel County: _____

_____

ITEMIZE AND SUBMIT THIS FORM IN DUPLICATE WITH RECEIPTS ATTACHED

Date	Items Purchased / Vendor	Amount

Total $ 0.00

I hereby certify that each item of expenditure listed above was made by me for the Farmersville Unified School District; that said expenditures constitute a legal claim against said district and that no part of this claim has heretofore been paid. There are no charges for alcoholic beverages included on this claim.

_____ _____

Approved By Claimant's Signature Date

Purchase Order # _____

FD	RE	PY	GO	FD	OB	SI	MG	%	$ AMOUNT