

Expenditure Detail Request Form

Date: _____ Requestor: _____ Site: _____

Purpose: _____ Classroom _____ PAF _____ Advocate _____ Component/Mentor
_____ Field Trip _____ Admin _____ Program Funds

Pick one: _____ Online Vendor _____ In-Person Shopping - date/time: _____

Program goal(s) or performance standard this purchase request aligns with:

How will this request impact student achievement or family engagement?

Product #	Qty	Unit	Description	Unit Price	Total
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
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					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
If additional lines are needed, please use a second order form.				Subtotal:	\$ 0.00
				Tax:	\$ 0.00
				Total	\$ 0.00