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

Date

District Financial Services Approval

Date