Check Recipient: Employee □ Parent/Volunteer □ Consultant □

Name _____

Student(s) Name _____

Date _____

Address _____

_____

_____

If you do not want your check sent to the school, enter mailing address.

Instructions:

1. List each transaction separately.
2. Enter all required fields. Under Description, list purpose of expense.
3. Print and sign this form.
4. Staple copies of receipts for each to the back of this signed form.
5. Give the completed form and receipts to your student's teacher/advisor.

Date *(Required)*	Vendor Paid (Where Purchased)	Invoice/Receipt Amount ($)	Description (Purpose of Expense/Trip)	Completed by School Leader: Account Code	Resource Code	Function Code
	Total	-				

Parent/Guardian Signature Date

Approved by Date