

RICHLAND COUNTY SCHOOL DISTRICT ONE
EXPENDITURE REQUEST

TO: FINANCIAL SERVICES
ACCOUNTS PAYABLE

FROM:

DATE:

1. PLEASE PAY TO:

✓ **NAME** _____

✓ **S.S.#:** _____

✓ **ADDRESS:** _____

ATTN: _____

2. The amount and expenditure information is as follows:

ORG.	OBJECT	PROJECT	AMOUNT
			✓
TOTAL			✓

3. FOR: Reimbursement for praxis exam content area registration for meeting highly qualified requirement.

✓ **REQUESTED:** _____
Signature/Title

APPROVED: _____
Signature/Title

PLEASE FILL OUT THE ✓ BLANKS, ATTACH YOUR SCORE REPORT AND SUBMIT TO DELPHIA BARR AT OLYMPIA 582