RICHLAND COUNTY SCHOOL DISTRICT ONE
EXPENDITURE REQUEST

TO: **FINANCIAL SERVICES**
ACCOUNTS PAYABLE

FROM: _____

DATE: _____

1. **PLEASE PAY TO:**

NAME: _____ **Invoice No.** _____

ADDRESS: _____
_____
_____

2. **THE AMOUNT AND EXPENDITURE INFORMATION IS AS FOLLOWS:**

ORG.	OBJECT	PROJECT		AMOUNT
TOTAL				

3. **FOR:**
.
_____
_____
_____
_____
_____

REQUESTED BY: _____

APPROVED BY: _____