P.O. Box 900

Coleman, TX 76834 **EXPENSE REQUISITION FORM**

*CHECK below credit card, puchase order <u>or</u> reimbursement

Complete separate form for Credit Card and Reimbursement

CREDIT CARD CHARGE	PURCHASE ORDER	REIMBURSEMENT		
AMERICAN EXPRESS	PO#			
MASTER CARD	or	DO NOT USE		
NAME ON CARD STORE CHARGE		FOR TRAVEL REIMBURSEMENT		
PAY TO:		FUND:		
ADDRESS:		TEACHER:		
IF NOT		SUBJECT:		
ON FILE				
PURPOSE OF CHARGE:				
ITEMIZE EXPENSES BELOW				
ATTACH RECEIPTS/SUPPORTING INFORMA	ATION			
Quantity	Decription		Cost/Unit	Total Cost
		TOTAL EXPENSE		\$
SIGNATURE				
CICITATIONE		_		
DATE				