

SOCORRO INDEPENDENT SCHOOL DISTRICT
REQUEST TO EXPEND FUNDS
Americas High School

Check No. _____

Date _____

Club Name _____ Account # _____

Vendor Number _____ Vendor/Payee _____

Address _____ Contact # _____
City State Zip Code

Employee Yes No (If providing a service setup as a 1099 vendor)

Is the employee a TRS Retiree Yes (send copy of Request to Expend Funds form to Activity Accountant)

Mail Check to Vendor/Payee Sponsor to Deliver Check Will be requesting reimbursement

* Not exceed 10% of amount approved

Purpose: _____

**Expenditure must be approved by the campus principal prior to purchase.
Reimbursement claims are due within 30 days of expenditure.**

#	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
1				
2				
3				
4				
5				
	Grand Total			

Do you plan to (sale) any of the items purchased? Yes No

Do you have any unpaid invoices with this vendor? Yes No

Has the order already been placed? Yes No

All expenditures in excess of \$1,000.00 require the approval of the Activity Accountant.

Approved by _____
Club Student President/Treasurer Signature (High Schools Only) Date

Approved by _____
Club Sponsor Name (Printed & Signature) Date

Approved by _____
Principals Signature Date

Approved by _____
Activity Accountants Signature Date