

**SOCORRO INDEPENDENT SCHOOL
DISTRICT REQUEST TO EXPEND FUNDS**

Date _____ Invoice No. _____

Club Name _____ Account # _____

Vendor Number _____ Vendor/Payee _____

Address _____ Contact # _____
City State Zip Code

Is vendor an 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 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 _____
Principal's Signature Date

Approved by _____
Activity Accountants Signature Date