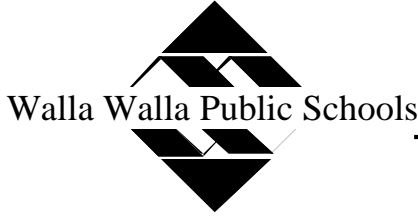


Form must be received in the Business Office within 45 calendar days of last activity in order to be paid.



Expenditure Authorization

364 S. Park Street • Walla Walla, WA 99362 • FAX (509) 526-1682 • (509) 527-3000

<input type="checkbox"/> Request for Purchase Order # _____	<input type="checkbox"/> Procurement Card	<input type="checkbox"/> District Office Check	<input type="checkbox"/> Refund	<input type="checkbox"/> Budget Transfer	<input type="checkbox"/> Other _____
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All personal service contracts must be paid through the Business Office. Contact Accounts Payable at 526-6718 for more information. Travel reimbursements are to be submitted on a Travel Expense Voucher.

Payee Name & Address:	Building/Department:
Phone # _____	Phone # _____

***Payee is (please select all that apply):** District Employee Parent/Guardian Other

Quantity	Item#	Intent/ Detailed Purpose of Expense(s)	Unit Price	Total
<i>Prepare and return to Bookkeeper/Secretary before purchase is needed.</i>			Shipping	
<i>Original itemized invoices/receipts must accompany this form for payment, along with adding machine tape verifying multiple receipts.</i>			Sales Tax	
			Total Due	

Personal Services Contract # _____
 All services have been performed and completed to the satisfaction of Walla Walla Public Schools, as attested by the signature of its authorized representative below. These services meet the terms and conditions of the referenced contract.
 Upon receipt of this certification, Walla Walla Public Schools will begin the payment process.

Signatures (for ASB):	
ASB Club Advisor/Coach Requesting Expenditure	Date
ASB Treasurer/President	Date
ASB Advisor	Date
Principal/Athletic Director	Date
ASB Bookkeeper/Secretary	Date
ASB Club/Activity #:	
40 E 530 _____ - 0 0 - _____	Amount: \$ _____
40 E 530 _____ - 0 0 - _____	Amount: \$ _____
40 E 530 _____ - 0 0 - _____	Amount: \$ _____
40 E 530 _____ - 0 0 - _____	Amount: \$ _____
40 E 530 _____ - 0 0 - _____	Amount: \$ _____
40 E 530 _____ - 0 0 - _____	Amount: \$ _____
Copies to: ASB Office (original with receipts) Advisor/Coach following payment Advisor/Vendor for purchase	

Signatures (for General Fund):	
Individual Requesting Expenditure	Date
Principal/Administrator	Date
General Fund Budget #:	
_____ - _____ - _____ - _____ - _____	Amount: \$ _____
_____ - _____ - _____ - _____ - _____	Amount: \$ _____
_____ - _____ - _____ - _____ - _____	Amount: \$ _____
_____ - _____ - _____ - _____ - _____	Amount: \$ _____
_____ - _____ - _____ - _____ - _____	Amount: \$ _____
_____ - _____ - _____ - _____ - _____	Amount: \$ _____
Copies to: Building or Department Employee Requesting Expenditure Business Office (original with receipts)	