

# FACULTY SENATE TEACHER ALLOTMENT ITEMIZED EXPENDITURE SCHEDULE

School Name: Barboursville Middle School

Employee Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Account Balance: \$\_\_\_\_\_

Date	Vendor	Item(s) Purchased	Cost
		<b>TOTAL</b>	<b>\$</b>

CHECK # \_\_\_\_\_  
 DATE PAID \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_  
 APPROVED BY \_\_\_\_\_

New Account Balance: \$\_\_\_\_\_

Amount Approved

\$\_\_\_\_\_

**Note: This form must be accompanied by an original receipt supporting the request. To expedite processing, please highlight the items noted above on the receipt. No reimbursements will be made without a receipt.**

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Approval Signature                      Date