FACULTY SENATE TEACHER ALLOTMENT
ITEMIZED EXPENDITURE SCHEDULE

School Name: ***Barboursville Middle School***

Employee Name: _____ Date: _____/_____/_____

Current Account Balance: $_____

Date	Vendor	Item(s) Purchased	Cost
		TOTAL	**$**

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