ALEDO INDEPENDENT SCHOOL DISTRICT EXPENSE FORM

Printed Name of Employee			Campus of Employee				
	REQUIRED]	•				
PO#:							
MasterCard / Visa / Walmart / Hobby Lobby (circle one above) ENTER LAST FOUR DIGITS OF CARD:							
		Date Card Checked Out : Date Card Checked In :					
	1						
			Travel Expenses				
Date	Vendor Name	Meals	Hotel	Parking	Fuel	Other	Total
TOTALS							
All Credit Cards <u>must be returned</u> to the Business Office the next <u>business</u> day after check-out. This form must be <u>completed and signed</u> by the Employee and the Campus Secretary and returned to the Business Office with the approved <u>purchase order</u> and <u>original receipts</u> for payment, <u>within three (3) business days</u> of purchase. ALL checks are processed on the 1st and 15th of each month. All expenses must be pre-approved by the Principal / Director and the Business Manager.							
Signature of Er	mployee			Date			
Signature of Ca	ampus Secretary			Date			
Signature of Bu	usiness Manager			Date			