

**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:**

Date	Vendor Name	Travel Expenses				Other	Total
		Meals	Hotel	Parking	Fuel		
TOTALS							

All Credit Cards **must be returned** to the Business Office the next **business** day after check-out.

This form must be **completed and signed** by the Employee and the Campus Secretary and returned to the Business Office with the approved **purchase order** and **original receipts** for payment, **within three (3) business days** 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 **Employee** Date

Signature of **Campus Secretary** Date

Signature of **Business Manager** Date