

Community Colleges of Spokane Foundation EXPENDITURE REQUEST FORM

Date		
PAY TO:		
Name		
Address		
City		Zip
Phone	<u></u>	
Amount \$		
☐ Please remit check/payment☐ Charged on CCS P-Card, budget #26		
PURPOSE OR DESCRIPTION:		
Documentation to support expenditure must be attach	ed for example: origina	al receipts, invoices, packing slips.
Requested by		
Fund manager's signature		
Fund name		
Fund number		