



Foundation EXPENDITURE REQUEST FORM

Date _____

PAY TO:

Name _____

Address _____

Phone _____

Amount \$ _____

- Please remit check/payment
- Charged on CCS P-Card, budget #7170-570-265-57752

PURPOSE OR DESCRIPTION:

Documentation to support expenditure must be attached for example: original receipts, invoices, packing slips.

Requested by _____

Fund manager's signature _____

Fund name _____

Fund number _____