AMAZON EXPENSE RECORD

Please complete with every purchase from the Amazon Corporate Account and attach receipts. Submit to District Office as soon as possible.

Name of Purchaser / Building:

_____

Date of Purchase: _____

Budget Account: _____

(Grant, if applicable)   _____

Amount of Purchase: $ _____

Reason for Expense: _____

_____

_____

Will District be reimbursed for this expense?

☐ Yes

 from:_____

*** Please attach check on top

☐ No

_____

Signature of Purchaser:

_____

Administrative Signature:

                                                    _____
                                                    Supt.