

# PCard Expense Request Form

Name: \_\_\_\_\_ Date Requested \_\_\_\_\_

Amount Requested: \_\_\_\_\_ From Fund \_\_\_\_\_

Date(s) funds are requested \_\_\_\_\_

Justification for funds being requested \_\_\_\_\_

\_\_\_\_\_

Please attached any information you may have for your request (ex: workshop notice/email, approved travel request, etc.)

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*I have received, read and understand the PCard Policy Handbook. I understand all itemized receipts must be turned in to the District Treasurer the next day I return to school.*

\_\_\_\_\_  
*Requestor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Superintendent

Date Loaded _____	Loaded by _____	PO _____
Budget Unit _____	_____	_____