Carbon Career & Technical Institute
Activity Fund Expenditure Request

Name of Supplier: ______________________

Address:

Date of Request: __________

Account Name: ____________________

Activity PO Number: ____________________

Mail Check: (●)

Pick Up Check: ( )

please, choose one

Check Payable to: ______________________

Quantity	Description	Unit Cost	Total Cost
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

Total Cost: $ 0.00

Advisor's Signature: ______________________ date: __________

Principal's Approval: ______________________ date: __________

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Business Office Use Only

Account Name: ____________________ Activity PO Number: __________

Date Order Received: ______________

Paid by Check Number: __________

Business Office Signature: ______________________ date: __________
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