Carbon Career & Technical Institue

Activity Fund Expenditure Request

2026-2027

Name of Supplier: ______________________

Address:

Check Payable to: ______________________

Date of Request: ____________

Account Name: ______________________

Activity PO Number: ______________________

Mail Check: ◉ please, choose one

Pick Up Check: ○

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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