ALEDO INDEPENDENT SCHOOL DISTRICT EXPENSE FORM

#1	Printed Nam	ne of Employee UN Rhea		*2 Business of Employee						
物物	MasterCard	REQUIRED 23456 Wisa / Walmart / Hobby Lobby (circle one above) ST FOUR DIGITS OF	Date Card Checked Out: 12 7 22 Date Card Checked In: 12 8 22							
			Travel Expenses							
	Date	Vendor Name	Meals	Hotel	Parking	Fuel	Other	Total		
-6	127/22	HEB					V	43.56	2	
10	12/8/22	Target					V	50.00	r	
	TOTALS							93.56	#	
**	***All Credit Cards <u>must be returned</u> to the Business Office the next <u>business</u> day after check-out.*** This form must be <u>completed and signed</u> by the Employee and the Campus Secretary and returned to the Business Office with the approved <u>purchase order</u> and <u>original receipts</u> for payment, <u>within three (3) business days</u> of purchase. ALL checks are processed on the 1st and 15th of each month. All expenses must be pre-approved by the Principal / Director and the Business Manager.									
-8.		mpus Secretary		19	Date Date					
	Signature of Bus	siness Manager			Date					