



Certification of Expenditures

Check One:

GENERAL FUND

A.S.B. FUND***

Date: _____

Location: _____

I, _____, hereby certify under penalty of perjury that this is a true and correct statement of funds expended for goods or services rendered to the Spokane School District; that I have either

lost or,

was unable to acquire

a receipt for item(s) shown and have exhausted all reasonable efforts to find or obtain them.

VENDOR _____

AMOUNT EXPENDITURE \$ _____

DATE OF EXPENDITURE _____

ACCOUNT DISTRIBUTION _____

Itemization of goods / description of services procured:

To whom was expenditure made and at what location/address and telephone number (if available)

***Complete Only if ASB Fund at Secondary Schools

ASB Student Officer Signature

Date

Claimant's Signature

Date

Advisor/Treasurer Signature

Date

Principal/Supervisor Signature

Date