

L. Mason School District
Request for Expenditure

School:	Department:
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Date:	Date needed:
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Item description:	Cost per item	Total

Purpose/Justification for request:

Recommended vendor			
Name _____			
Address _____			
Phone	() _____	City	State Zip

Requested by:	Signature:
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Principal:
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