

SPECIAL EXPENDITURE FORM

Date of Expenditure	Type of Expenditure	Amount of Expenditure
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total request for reimbursement		\$ _____

Account # _____ \$ _____

Account # _____ \$ _____

Applicable receipts must be attached.

I certify that the above expenses were incurred by me on behalf of the Greenville City School System and I am not being reimbursed for this expense from any other source.

_____ Date _____ Claimant's Signature

_____ Date Approved: _____ Supervisor's Signature

_____ Date Approved: _____ Chief Financial Officer

Check # _____
Date Paid _____