Scottsboro City Schools VISA Cardholder Expense Form

Employee		Employee #		Due in office 3 business days after transaction occurs
School Mth/Yr				
14101//11				For Office Use Only
Date of		-		
Transaction	Vendor	Description	Amount	G/L Code
I hereby certify that expenditures indicated were incurred for official duties pursuant to the Board Policy of Scottsboro City Schools.			\$0.00	
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Cardholder's Signature		Program Coordinator (if applicable)		
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		CSFO Approval		Superintendent Approval