

AG EXPENSE REQUEST

VENDOR # _____

TODAYS DATE: _____ DATE NEEDED: _____ AMOUNT: _____

MAKE CHECK PAYABLE TO: _____

FUNCTION/PURPOSE/EVENT _____

(All receipts (hotel, registration, etc) must be submitted for audit purposes)

FILL OUT BELOW ONLY IF CLAIM IS FOR EMPLOYEE OR STUDENT TRAVEL:

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

DESTINATION: _____

LIST OF STUDENTS/EMPLOYEES RECEIVING MEAL COMPENSATION:

SUBMITTED By _____

APPROVED BY: _____

PRINCIPAL

IF CHECK IS TO BE MAILED, ATTACH AN ADDRESSED ENVELOPE

1. 199-11-6399-09-002-9-22-0-00 VO-AG SUPPLIES
2. 199-11-6411-09-002-9-22-0-00 VO-AG STAFF TRAVEL
3. 199-11-6412-09-002-9-22-0-00 VO-AG STUDENT TRAVEL
4. 199-11-6311-09-002-9-22-0-00 VO-AG TRUCK & TRAILER EXPENSE
5. 199-11-6499-09-002-9-22-0-00 VO-AG AWARDS
6. _____