



**Superintendents Fiscal Impact Review Committee
Expenditure Request Form**

Services; Purchases over \$750; GENERAL FUNDS
 Services; Purchases over \$4,500.00 ALL FUNDS

Vendor Name:	<input type="text"/>	Cost Center Name:	<input type="text"/>
Request Total: \$	<input type="text"/>	Cost Center #:	<input type="text"/>
Project Name:	<input type="text"/>	Req#:	<input type="text"/>

Brief Description of Proposed Position, Purchase, Activity:

Justification (please refer to applicable criteria/exception/law or regulation):

Indicate Source of Funds for Expenditure Requests - Line Item Budget:

Fund	Function	Object	Cost Center	Project	Program	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submitted for Approval By:

Recommended
 Not Recommended

Recommended
 Not Recommended