



## TEACHER/TEAM DISCRETIONARY EXPENSE PAYMENT REQUEST FORM

DATE \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

TEAM / POSITION \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

CHECK PAYABLE TO \_\_\_\_\_

ADDRESS (if mailed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED ATTACHMENT

\_\_\_\_\_ INVOICE TO BE PAID or

\_\_\_\_\_ RECEIPT(S)

PRINCIPAL APPROVAL \_\_\_\_\_ DATE    /    /