Fill out the form below completely. All receipts should be attached to the form and emailed to payroll@smec.k12.mn.us.

|  |  |
| --- | --- |
| Date |  |
| Submitted by |  |
| Phone |  |
| Email |  |
| Send Check to (name) |  |
| Address |  |
| City/State/Zip |  |

|  |  |  |
| --- | --- | --- |
| Description of Purchase |  | Amount |
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|  |  |  |
| Total |  |  |

**Approved By:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| Office Use Only | | | | | | |
| Check Number |  | | Amount |  | Date |  |
| Budget Category | |  | | | | |
|  | |  | | | | |