Submitted c/o Tonia Newton, FOE

GENERAL EXPENSE FORM

Albemarle County

Today's Date:

Make Check Payable To _____ **School/Dept.** _____

Mailing Address _____ **Last 4 digits of Social:** _____

DATE	REASON FOR EXPENSE receipts must be scanned & emailed to foe-ap@k12albemarle.org or faxed to 434.974.8017	PRE-TAX AMOUNT	TOTAL
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
	-- The fields below are for Accounting use only --		$ 0.00

ACCOUNT DISTRIBUTION

AMOUNT	BUDGET CODE	
	TOTAL REIMBURSEMENT	$ 0.00

APPROVALS

X _____

Authorized Signature

_____

Title

Print Copy

Submit Form