

WESTWOOD CHARTER SCHOOL

Request For Authorization Reimbursement

IMPREST FUNDS

Date _____

I am requesting approval to make the following purchase using Imprest Funds:

VENDOR _____

Address _____

Description _____

TOTAL _____

Requested by _____

Approved _____

Program _____ Object Code _____

Please Attach All Original Receipts For Expenditures

Make Check Payable to _____