

EXPENDITURE FORM

THIS FORM MUST ACCOMPANY ALL REQUISITION PO'S OF TITLE FUNDS.

School: _____

Date: _____

Please check the Title program you are proposing to use.

- Title I**
 Title II
 Title III
 Title IV
 Title V
 Title X
 CSR
 Title I Carryover

Amount of proposed expenditure	
Material(s) to be purchased (attach more sheets if necessary)	
Reform Strategy or program which these materials will support	
Reference area in plan where this program/material is found (pg #)	
Method of evaluating effectiveness of this purchase and goal	
Person responsible for evaluating effectiveness	
Person Submitting Request	
Signature of Teacher (if applicable)	
Signature of Principal	

FOR OFFICE USE ONLY

Signature of Federal Programs Coordinator	
PO NUMBER	