

STAFFORD PUBLIC SCHOOLS
Stafford Springs, Connecticut

Request For Replenishing of Emergency Cash

Date of Request: _____

Location: _____

Requested By: _____

Profit Center No. _____

Date of Expenditure	Supplier	Description	Amount
Total Funds Expended			
Cash Unexpended			
	Cash (Over) Short		
	Total Emergency Cash Authorized		

Above expenditures totaling \$ _____ made on behalf of the Board of Education and requested for replenishment is in order.

 Approved By