

# Covington County Schools VISA Expense Form

Employee \_\_\_\_\_  
Mth/Yr \_\_\_\_\_

Due in office 7 business days after transaction occurs

For CO Use Only					
Date of Transaction	Vendor	Description	Fund	Amount	G/L Code
If LOCAL funds marked, invoice will be sent from Central Office for reimbursement from local school.					
I hereby certify that expenditures indicated were incurred for official duties pursuant to the Board Policy of Covington County Schools.			TOTAL		

Cardholder's Signature

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
CSFO