THOMASTON PUBLIC SCHOOL
Thomaston, CT

Request for Replenishing of Emergency Cash

Date of Request:_____ Location: _____

Requested by: _____

Date of Expenditure	Supplier	Description what it was Purchased	Name of person that was reimbursed	Budget Line	Total

Above expenditure totaling $_____made on behalf of the Board of Education and requested for replenishment is in order.

_____ _____
Approved by (print name) Date

_____ *ALL Receipts MUST be attached to
Approved by (signature) this report

Revised August 16, 2021