



Lakeland School District  
1355 Lakeland Drive  
Scott Township, PA 18433  
Telephone: 570-254-9485  
Fax: 570-254-6730

Fund Expenditure Request

Date of Request: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Advisor(s) Name(s) \_\_\_\_\_

Purposes of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Address of Vendor: \_\_\_\_\_

Telephone No. of Vendor: \_\_\_\_\_

FAX No. of Vendor: \_\_\_\_\_

E-Mail Address of Vendor: \_\_\_\_\_

Description of Requested Items Including Quoted Price: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Attach a copy of any invoices or bills to this form, once received.

\*Expending of Student Activity funds will not be approved without the signature of the Treasurer of the organization.