



**LEE'S SUMMIT SCHOOL DISTRICT R#7
DUES EXPENSE FORM**

NAME: _____ **EMP #:** _____

BUILDING: _____

| SCHOOL YR | ORGANIZATION | ADDRESS | AMOUNT |
|-----------|--------------|---------|--------|
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**ACCOUNT TO BE CHARGED G2643210/6371
MAXIMUM ANNUAL ALLOWANCE \$500.00**

PAID WITH DISTRICT PURCHASING CARD _____

PAY DUES TO ORGANIZATION LISTED ABOVE _____

REIMBURSE ME FOR DUES PAID (ATTACH DETAIL PD RECEIPT) _____

DATE: _____ **REQUESTOR SIGNATURE:** _____

DATE: _____ **APPROVAL SIGNATURE:** _____