

**SPOKANE PUBLIC SCHOOLS  
CERTIFICATION OF EXPENDITURE**

Date: \_\_\_\_\_

Location: \_\_\_\_\_  
(City, State)

I, \_\_\_\_\_ hereby certify under penalty of perjury that this is a true and  
(vendor print or type name)  
correct statement of funds received for goods or services rendered to \_\_\_\_\_.  
(student's name)

VENDOR NAME \_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_

DATE FUNDS RECEIVED \_\_\_\_\_

Itemization of goods / description of services procured: (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Vendor's Signature Date