

Invoice Expenditure Report

Next

Fill in all applicable fields starting with CDS Code

STEP 1 → County-District-School (CDS) Code:

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Charter School Name:

Charter School Number

Contact Person Name:

Phone Number:

E-mail Address:

Address of Facility(ies) claiming additional costs

Facility 1 F1

Facility 2 F2

Facility 3 F3

F4

F5

F6

F7

F8

F9

F10

F11

F12

F13

F14

F15

F16

F17

F18

F19

F20

