

# OFFICE DEPOT

## FOR USE WITH CAL-CARD

Spending Plan ( use with all account numbers **except** Title One)

Date: <input type="text"/>					Cal Card # <input type="text"/>		Exp. <input type="text"/>	
Name of Card Holder: <input type="text"/>					<input type="text"/>			
Site/Dept. <input type="text"/>					( This form <b>CANNOT</b> be used with Title 1)			
Resource	Function	Department	Description	Total				
<b>Example</b>								
00000	1000	5100	Classroom Supplies	\$150.00				
00000	2700	5100	Office Supplies	\$500.00				
Principal Signature: _____ Budget Checked _____					Subtotal:		<input type="text"/>	
					Total:		<input type="text"/>	
( This form is available online (KCUSD Bus. Forms) or email Maria PR to have one emailed to you )								