

**WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT  
ROSEDALE, MISSISSIPPI 38769**

**REQUEST FOR DISBURSEMENT OF FUNDS**

**DATE:** \_\_\_\_\_

**Purchase Order #** \_\_\_\_\_

**Date Needed:** \_\_\_\_\_

**I request that funds be disbursed to:**

\_\_\_\_\_

**in the amount of \$** \_\_\_\_\_ **for the** \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Business Manager**

\_\_\_\_\_  
**Principal or Supervisor**

\_\_\_\_\_  
**Superintendent**

**Fund** \_\_\_\_\_

**Function** \_\_\_\_\_

**Object** \_\_\_\_\_