

**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 Indirect Costs for FY19 (\$_____)
and carryover Indirect Costs from FY18 (\$_____).

School

Business Manager

Principal or Supervisor

Superintendent

Fund _____

Function _____

Object _____