

Student Activity Fund Voucher for Payment

Please have this form filled out and signatures obtained before submitting for payment and in a timely manner.

***Note: All orders for payment must be pre-approved and submitted for payment within 30 days!**

Person Requesting _____ Date _____

Name of Organization or Account this is being charged to: _____

Reasons for funds _____

Date when Check(s) are needed: _____

If different vendors are to receive checks list them below with the amount of the check:

NAME	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Total Amount Requested _____

Return all invoices, meal tickets, etc. and remaining cash to the student activity fund manager.

APPROVED BY:

Building Principal Date

Athletic Director Date

School Supervisor Date

PAID BY CHECK NO. _____

Verified by fund manager: _____

Date: _____ Posted: _____