Check Request Voucher-
Student Activity Account

Advisor		**Voucher Number:**	
Advisor Signature		**Date:**	
Superintendent Signature		**Check Number**	
		Account Charged	

Full Name *Please Print*		**Mailing Address** *Please Print*	

Invoices exceeding $25.00 in amount must be accompanied by the affirmation below:

Date	Description of Payment	Amount

I do solemnly swear that the goods or services itemized in the annexed bill have been delivered or rendered; that no bonus has been given or received by any persons in connection with same; that it is correct and true, and that the amount therein stated is justly due and owing as set forth.

Signature	**Date**