



Check Request Voucher

Authorization: _____

Voucher Number: _____

Superintendent _____

Date: _____

Supervisor _____

Check Number: _____

Advisor _____

Account Charged: _____

Please print full name and mailing address

Date: _____

Opponent: _____

				Fee
Baseball	_____			
Basketball	_____	Varsity	_____	Official
Cross Country	_____	Jr. Varsity	_____	Entry Fee
Football	_____	Freshman	_____	Tickets
Golf	_____	Girls	_____	Dues
Track	_____	Boys	_____	Timer
Soccer	_____	Fall	_____	Clinic
Softball	_____	Winter	_____	Security
Tennis	_____	Spring	_____	Police
Wrestling	_____			Custodian
Volleyball	_____			Site Manager
Swimming	_____			

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

Date	Description of Payment	Amount
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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.

Sign Here _____

Date _____ student fund check request form.xls