

Exhibit A

NAME OF SCHOOL
ADDRESS OF SCHOOL

DOCUMENTATION ATTACHED

CHECK NO. _____

**STUDENT ACTIVITY ACCOUNT
REQUEST FOR PAYMENT**

Person making Request _____ Date _____

Payee _____

Address _____

City, State, Zip _____

EXPENDITURES RELATING TO STUDENT ACTIVITIES ONLY

Purpose of Request: Purchase Reimbursement (cannot exceed \$250)

Explanation: _____

Date of Purchase / Reimbursement: _____

Amount (Excluding sales tax which is not reimbursable) \$ _____

I certify that all goods/services were properly received and the invoice / receipt have been checked for accuracy.

Requester Signature _____

Authorizer Signature _____

Prepared check should be returned to the school mailed to the vendor

To be completed by the Business Office:

Check Number _____ Check Amount \$ _____ Check Date _____

First Reading: December 19, 2016

Second Reading: January 30, 2017

Adopted: January 30, 2017