No. _____

Independent School District No. 550

STUDENT ACTIVITY PAYMENT REQUEST

Date: _____ Name of Activity Group: _____

Payable to: _____

Description of expense	Amount

TOTAL _____

I declare under penalty of law that this expense is just and correct and that no part of it has been paid.

APPROVALS _____ **Student Signature (Gr 7 & Up)**

_____ **Activity Advisor**

Please attach supporting original documentation.
Please NOTE: If this is reimbursement for a purchase - sales tax will not be reimbursed.

Processed by: _____

Date: _____

t