

Miller Middle School
Student Body
Authorization for Payment (Staff Form)

Date_____

Write check to_____

For_____

Activity Account Name_____

In the amount of \$_____

Authorized by _____ Student Body Treasurer

_____ Faculty Advisor

_____ Principle

PLEASE ATTACH RECEIPT TO A SHEET OF PAPER WITH TAPE, STAPLED TO
THIS SHEET.

-----Office Only-----

Account Paid _____

Amount _____

Check No. _____

Miller Middle School
Student Body

Authorization for Reimbursement (Student Form)

Student Name _____

Teacher _____

Organization _____

Date (Current) _____

Parent's Name (write check to) _____

Address _____

Activity Account Name _____

In the amount of \$ _____

What it was for _____

Authorized by _____ Student Body Treasurer

_____ Faculty Advisor

_____ Principle

PLEASE ATTACH RECEIPT TO A SHEET OF PAPER WITH TAPE, STAPLED TO THIS SHEET.

-----Office Only-----

Account Paid _____

Amount _____

Check No. _____