

# Saline Area Schools

## Student Activity Request For Funds

Account Number: **612-431-0186**

Activity/Club Name: **CREW**

Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

(Do not include sales tax or bottle deposits)

Pay to the order of: \_\_\_\_\_

Address (REQUIRED): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funds will be used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Documentation is required...**

This request must be accompanied by **ORIGINAL** invoices and/or **ORIGINAL ITEMIZED RECEIPTS**. **DO NOT USE HIGHLIGHTER OR TAPE ON RECEIPTS**.

*If supporting documentation is non existent (i.e. bus tokens), a signed statement of explanation from the advisor is required.*

#### **Check should be:**

\_\_\_ Forwarded to payee or

\_\_\_ Returned to advisor

\_\_\_ Picked Up @ Liberty

School (call x-2005 to make  
arrangements)

Advisor Name(s): Jennifer Johnson 12-1-13

Signature of Advisor: \_\_\_\_\_

***By signing this request, I confirm that these funds will be used in accordance with school policy and Student Activity Account Rules.***