

Saline Area Schools

Student Activity Request For Funds

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

Activity/Club Name: **Crew**

Date: _____ Amount Requested: _____

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, a signed statement of explanation from the advisor is required.

Check handling:

___ Forward to Payee
___ Returned to advisor
___ Hold for pick-up at
Liberty(call Dawn, x-2005
for arrangements)

Adviser Name(s): Scott Carter

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.