

PAXTON-BUCKLEY-LODA CUSD #10

Student Activities fund
DISBURSEMENT VOUCHER

Date: _____ Account: _____

Amount: _____

Check to: _____

Purpose of Payment: _____

Enclose bill or invoice with this voucher. If none can be secured, write a detailed explanation for disbursement.
IF AMOUNT IS OVER \$1,000.00, SUPERINTENDENT MUST SIGN DISBURSEMENT VOUCHER!!!

Approved: _____
Student Treasurer

Approved: _____
Building Principal

Approved: _____
Faculty Sponsor

Approved: _____
Superintendent

DEPOSIT SLIP

Date: _____ Account: _____

Amount: _____ Name: _____

How was money earned? _____

Your Name: _____

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