

Salem School
Salem, Connecticut

STUDENT ACTIVITY ACCOUNT
REQUISITION FOR FUNDS

STAFF MEMBER:_____ DATE:_____

ACCOUNT/GRADE LEVEL:_____

REQUEST FOR CHECK:

AMOUNT:_____

PAY TO: _____

PURPOSE:_____ (Specific funds must have been
deposited in advance for this
purpose)

INVOICE / RECEIPT MUST BE ATTACHED TO THIS FORM.

PLEASE SUBMIT TO JENNIFER KAYSER, STUDENT ACTIVITY ACCOUNT MANAGER

STAFF MEMBER SIGNATURE:_____

STUDENT ACTIVITY ACCOUNT MANAGER SIGNATURE:_____

APPROVED:_____ DENIED:_____

SIGNATURE OF PRINCIPAL:_____ DATE:_____