**Boyertown Area School District**

Student Activity Check Voucher

DATE:

SCHOOL:

VENDOR NAME:

VENDOR ADDRESS:

 Mail Return Check to School

Fill in one box

|  |  |  |
| --- | --- | --- |
| **Account Code** | **Description** | **Amount** |
|  |   |  |

 **TOTAL**

 **APPROVALS DATE**

Student Treasurer

Faculty Advisor

 Principal

 Accounting Manager

**Please Note:**

* Detailed Invoices/receipts must be attached to this voucher
* All information must be completed to be processed

For Business Office Use Only:

Cash Account: