

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
 Student Activity Fund
Disbursement Request (ACC-F010)

Check No. _____
 Date: _____
 Do not write in this space

To: General Accounting, Box 802A

From: _____
 Principal

Date: _____

 School Name

Purchase Order (PO) No. _____
Close PO after
this payment? Yes _____ No _____

Payee: _____

Address: _____

City, State, Zip _____

Please attach an itemized and original invoice or receipt. A payee cannot be paid from a statement or from a copy of an invoice or receipt.

Invoice No.	Description of Purchase	Total
	Grand Total	

Account Name: _____ Charge to Account #: _____

(Example: PE, General Student Body, Sly Park, 5th Grade)

Prepared by: _____

Authorized by:

 Principal Date

 Student Signature (for Middle/High Schools only) Date

 Other Authorized Signature Date