Rock Falls Twp. High School District #301

STANDARD INVOICE

ACTIVITY AND/OR IMPREST FUND PURCHASES
(REIMBURSEMENT AND EMERGENCY CHECK REQUESTS ONLY)

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

_____

DATE	ITEMS OR SERVICES	AMOUNT
	****TOTAL**	

****Please attach supporting receipts**

Pay from <u>ACTIVITY FUND</u> or <u>IMPREST FUND</u> (Circle One)

Account_____

SIGNED:

_____/___/____ **Employee or Faculty Sponsor**
Date

APPROVED FOR PAYMENT:

_____/___/____ **Department Head or Head Coach**
Date

_____/___/____ **Principal or Superintendent**
Date

_____/___/____ **Athletic/Activities Director**
Date

PLEASE NOTE: Please allow up to one week for payment processing.

11/7/2011