

ACTIVITY ACCOUNT VOUCHER

INDEPENDENT SCHOOL DISTRICT #883 ROCKFORD AREA SCHOOLS ACTIVITY FUND PAYMENT VOUCHER

Instructions: This form is to be used for payment reimbursement. All receipts and documentation must be attached for full payment. Sales tax cannot be reimbursed. Administrative approval must be obtained before submitting this to the business office for payment.

TO: Rockford Schools, Business Office

Payment to: _____

6051 Ash St

Address: _____

Rockford MN 55373

City/State/Zip: _____

*Social Security # _____

(*if 1099 to be issued, not needed if already employed by the district)

Date	Description	Payment
	(If this is for payroll hours, please detail dates of service as well as hours per day)	

I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.

Required	
Administrative	
Approval:	

Required	
Student Signature:	
Advisor:	Date:

Office Use Only

Code:

Payment Voucher