DARIEN HIGH SCHOOL
STUDENT ACTIVITY ACCOUNT
CHECK DISBURSEMENT FORM

Name of Account:	**Date:**

- **Please be sure to attach <u>ORIGINAL</u> receipts. Copies will not be accepted.**
- **Purchases made through Amazon, Staples, WB Mason or School Specialties cannot be reimbursed.**

Make Check Payable to:

Name - _____

Address - _____

_____

Description:	**Amount:**
	$
Total	**$**

Approved by:

_____
Faculty Advisor/Coach