

REQUEST FOR STUDENT BODY FUNDS
Stafford Primary School
(Payment or Reimbursement)

Date _____ Requested by _____

Funds made out to: _____

Stafford Primary School Student Body Funds Account: _____
19875 Stafford Rd. West Linn, OR 97068

Quantity	Item	Price	Total

For Office Use Only:
Advisors Approval: _____ Principal/V. Principal _____

Check picked up by: _____ Mailed Date _____

All requests must be approved and signed by the Principal or Assistant Principal

Stafford Primary School
PAYMENT FORM
Student Body Funds

Authorization is granted to pay or reimburse per attached invoice or receipts from the following account:

Date: _____

Check # _____

Amount \$ _____

Account Name: _____

Check payable to: _____

Purchase _____

Signature of Account Supervisor _____

(Signature signifies that goods or services were received)