

SCHOOL ACTIVITY FUND
STANDARD INVOICE

School	
Activity Account	

Date	
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Vendor's Name	_____
Address	_____
Phone	_____
Fax	_____
FEIN or Social Security No.	_____

Quantity	Item Description	Unit Cost	Total Cost
Total			0

Vendor's Certification
I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.
_____ Vendor Signature

Approval for Payment

Person Receiving Item
Sponsor
Principal (nor required if Principal Signed Above)

Amount Paid:	_____
Date Paid:	_____
Check No.:	_____