

Beresford School District #61-2
Activity Voucher

Date: _____

Pay to:

Name _____

Address _____

City _____ State _____ Zip _____

Select one: Mail check to above. Return check to Advisor.

Please itemize or attach invoice.

Date	Description	Amount

Special Instructions:

Total

Club Officer {student}

Charge to _____ Fund.

Activity Advisor