

**ACTIVITY ACCOUNT  
ALDEN-HEBRON S.D. #19  
REQUEST FOR PAYMENT**

Date \_\_\_\_\_ (If reimbursement, use your name in vendor field)

Name of Vendor \_\_\_\_\_

Address \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Invoice # \_\_\_\_\_

Activity to be Charged \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Return Check to Sponsor

Activity Sponsor's Signature \_\_\_\_\_

Mail Check

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