

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