



Stephen F. Austin High School Project Graduation 2016

~Check Request Form~

Date: _____

Submitted by: _____

Phone No: _____

Check Amount: \$ _____

Payable to: _____

Address: _____

This disbursement should be charged to the following account:

_____ Fundraiser (name) _____

_____ Prizes

_____ Games

_____ Other _____

Note: SFAHS ProGrad is Sales Tax Exempt. Sales tax will NOT be reimbursed!

Note: Original invoice(s)/receipt(s) must be attached to this request. Keep a copy for your committee records as required. Receipts must indicate that payment was made for reimbursements.

APPROVED _____ Date _____

Committee Chair/ProGrad Chair/Co-Chair

VERIFIED _____ Date _____

AHS ProGrad Treasurer

Do Not Write Below this Line

Check issued: Date _____ Check No. _____ Issued by _____