

WESTBROOK HIGH SCHOOL WESTBROOK, CT

SCHOOL PAY VOUCHER

DATE:

Please draw a check to _____
For the sum of _____
For the purpose of _____
Name of Activity _____
On Date _____

SIGNED _____
Class Advisor or Dept Chair

Department or Organization Represented _____

Approved By: _____
Principal

Invoices or bills for this payment are attached.

Rec'd & Checked By _____ Date _____

Ext. Vet. _____

Appt. No. _____

Approved _____

Date _____

Order
No _____