



**For Inter-School Use ONLY**

**School Activity Fund Disbursement Authorization**

Anne Arundel County Public Schools

Check Number

Name of School

Date Paid

Amount \$

Pay To The Order Of

The Sum Of

Address (Street)

(City)

(State)

(Zip Code)

Explanation (Also attach copies of invoices and other documents)

Account Name

Account Number

Authorized By (Name of Organization)

Preparer's Name (Signature)

(Date)

Student Treasurer/Representative

Date

Member Finance Committee

Date

Faculty Sponsor/Representative

Date

Approval By Principal

Date