

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
 Student Activity Fund  
**Disbursement Request (ACC-F010)**

Check No. \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Do not write in this space

To: General Accounting, Box 802A

From: \_\_\_\_\_  
 Principal

Date: \_\_\_\_\_

\_\_\_\_\_  
 School Name

Purchase Order (PO) No. \_\_\_\_\_  
**Close PO after**  
**this payment? Yes \_\_\_\_\_ No \_\_\_\_\_**

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***Please attach an itemized and original invoice or receipt. A payee cannot be paid from a statement or from a copy of an invoice or receipt.***

Invoice No.	Description of Purchase	Total
	<b>Grand Total</b>	

Account Name: \_\_\_\_\_ Charge to Account #: \_\_\_\_\_

*(Example: PE, General Student Body, Sly Park, 5<sup>th</sup> Grade)*

Prepared by: \_\_\_\_\_

Authorized by:

\_\_\_\_\_  
 Principal Date

\_\_\_\_\_  
 Student Signature (for Middle/High Schools only) Date

\_\_\_\_\_  
 Other Authorized Signature Date