

Please use for Middle School  
and High School Only.

**SEATTLE PUBLIC SCHOOLS  
PAYMENT ORDER**  
Associated Student Body Program Fund

Authorization to Issue an Imprest Fund Check

Check Number \_\_\_\_\_ Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Payable To \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

For \_\_\_\_\_

\_\_\_\_\_

**As Per Attached Invoice/Receipt**

Charge To: \_\_\_\_\_  
Account Name Fund Code Commitment Item

**Under the penalty of perjury and in accordance with Chapter 42.24 RCW, I hereby certify that the materials have been furnished and/or services rendered and this claim is a just, due unpaid obligation.**

\_\_\_\_\_  
Student Activity Treasurer

\_\_\_\_\_  
Activity Advisor

\_\_\_\_\_  
Activity Coordinator/Principal

\_\_\_\_\_  
Fiscal Clerk