

**Activities Fund Account
Payment Order**

Purchase with:
 Credit Card
 Charged with vendor
 Issue Check Return check to Sponsor OR Mail

Activity Fund: _____

Purchased From: _____

Item Purchased: _____

Amount: \$ _____ Date: _____

Coach/Sponsor Signature

Captain/President Signature

Administrator Signature

All 3 signatures must be present on form
Receipt or invoice must be attached to form

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