

Club Advisor:\_\_\_\_\_ Student Activity:\_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_Principal/Asst. Principal Signature: \_\_\_\_\_

**TOWN OF NORTH READING  
STUDENT ACTIVITY AGENCY ACCOUNT  
SCHOOL PAYMENT REQUEST FORM  
NORTH READING HIGH SCHOOL  
(88015 – 570000)**

TO: Director of Finance & Operations

Please pay the following invoice(s) from the Student Activity Agency Account in the amount of  
\$ \_\_\_\_\_

VENDOR #	REMIT	VENDOR NAME	INVOICE DATE	INVOICE NUMBER	AMOUNT

Approved By:\_\_\_\_\_

Director of Finance & Operations

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

No: \_\_\_\_\_

To: North Reading High School

The Sum of \_\_\_\_\_ has been paid from the Student Activity Agency Account.

\_\_\_\_\_  
Town Finance Director