

**SCHOOL ACTIVITY FUND  
STANDARD INVOICE**

School	_____
Activity Account	_____

Date	_____
------	-------

Vendor's Name	_____	Are you an employee of this school district
		Y   N
Address	_____	
Phone	_____	
Fax	_____	
FEIN or Social Security No.	_____	

Quantity	Item Description	Unit Cost	Total Cost
<b>Total</b>			

<b>Vendor's Certification</b>	
I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.	
_____	
Vendor Signature	

**Approval for Payment**

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Principal

Amount Paid: \_\_\_\_\_

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

Check No.: \_\_\_\_\_

\*Form to be used any time invoice not provided  
\*For use with check refunds\*