

**EAST RUTHERFORD PUBLIC SCHOOL DISTRICT**  
**BOARD OF EDUCATION**  
100 Uhland Street  
East Rutherford, NJ 07073

**Request Payment from Student Activity Account**

*A confirmation must be attached to process the request*

**(ONE WEEK ADVANCE NOTICE REQUIRED FOR CHECK)**

Name of the Activity: \_\_\_\_\_

Date the funds were submitted to the office: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**Check Made Payable To:** \_\_\_\_\_

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

\_\_\_\_\_

**Memo to be noted on Check:** \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**Requestors Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal's Approval** \_\_\_\_\_ (Before Submitting to BOE Office)

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