



Student Activity Account

Withdrawal Request

Club: _____

Date: _____

Amount of Check: _____

Make Check
Payable to: _____

Purpose: _____

Which of the following is attached:

- Original Bill/Invoice Attached (not yet paid)
- Original Receipts Attached ? Reimbursements (Paid by Individual Above)
- Please Bill the Individual Above (Invoice Attached)

Requested By: _____ Faculty Advisor: _____

Student Treasurer: _____ Principal: _____

Completed by SAA School Bookkeeper:

Check Number: _____ Check Date: _____ Issued By: _____

Comments: _____

Completed by WPS Bookkeeper:

Documentation Complete:

Yes: _____ No: _____ Signed By: _____

Comments: _____