

Dennis-Yarmouth Regional School District

STUDENT ACTIVITIES WITHDRAWAL FORM

School _____ Date _____

Account Name _____ Account # _____

Payment requested by _____

Reason for payment _____

Invoice _____ Reimbursement _____ **(ORIGINAL invoice or receipts must be attached.)**

Check payable to _____

Address _____

City, State, Zip _____

Amount of check _____ Mail check to the address above _____

I do not want check mailed _____

Advisor Signature _____

Principal's Designee Signature _____

- - - - - *FOR OFFICE USE* - - - - -

Check # _____ Amount _____ Date _____

Payment Approval - Principal Signature _____