

SANTEE SCHOOL DISTRICT  
9625 CUYAMACA STREET  
SANTEE, CA 92071

No

**STUDENT BODY AUTHORIZATION FOR PAYMENT**

DATE \_\_\_\_\_

AUTHORIZATION NUMBER \_\_\_\_\_

In payment for the attached invoice(s), a check payable to \_\_\_\_\_

VENDOR NAME

in the amount of \$ \_\_\_\_\_ will be issued.

DOLLAR AMOUNT

The signatures below certify that the articles or services included for payment to the above referenced vendor have been received or provided. The expense was approved at the Student Body meeting on

\_\_\_\_\_  
DATE

STUDENT BODY OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

ASB ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL / V.P. \_\_\_\_\_ DATE \_\_\_\_\_

Brief explanation of expenditure \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach all invoices to both copies of the STUDENT BODY AUTHORIZATION FOR PAYMENT and forward to Business Services for payment. The duplicate copy will be returned after the payment has been processed.

DATE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_