Spencerville Adventist Academy

CHECK REQUEST / EXPENSE

Today's Date: _____

Check Payable to: _____

Address (if not on file: _____

Itemized Expenses*

Item / Description	Amount	Account to Charge	Authorizing Signature**

Total Amount	

*Original receipts for all items must be attached to the request.

**Must have an authorizing signature if charging someone else's account.