



SCHOOL DISTRICT OF BOROUGH OF MORRISVILLE

ACTIVITIES CHECK WARRANT

ACCOUNT _____ AMOUNT _____

PAYEE _____

ADDRESS _____

CITY / STATE / ZIP CODE _____

REASON FOR PAYMENT _____

ADVISOR SIGNATURE _____

STUDENT REP SIGNATURE _____

SUPERINTENDENT / PRINCIPAL SIGNATURE _____

DATE _____ AMOUNT _____ CHECK # _____



SCHOOL DISTRICT OF BOROUGH OF MORRISVILLE

ACTIVITIES ACCOUNT DEPOSIT SLIP

ACCOUNT _____

ADVISOR _____

DATE _____

CURRENCY _____

COINS _____

CHECKS _____

TOTAL DEPOSIT _____

All monies must be counted

Make checks payable to Morrisville School District

Date _____ Amt Rec'd _____



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