

**Gentry Public Schools**  
**Activity Payment Request**

Pay to: \_\_\_\_\_

Account Name: \_\_\_\_\_

Sub-Account: \_\_\_\_\_

Reason: \_\_\_\_\_

Invoice # \_\_\_\_\_

Check # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Sponsor / Secretary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

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