

REVOLVING FUND

AUTHORIZE PAYMENT

Region One School District
Falls Village, Connecticut

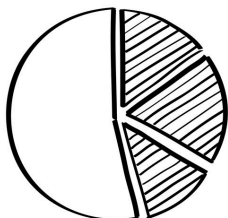
Fund: _____
(attach breakdown of split if necessary)

Please Pay To: _____
(attach invoice)

Amount: \$ _____

Advisor: _____ Date: _____

Faculty/Staff: _____ Date: _____
(if necessary)



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