

EAST MORICHES UNION FREE SCHOOL DISTRICT
9 Adelaide Avenue
East Moriches, NY 11940

AUTHORIZATION FOR PAYMENT

Advisor: _____ Club: _____

Nature of event or activity: _____

Approved Stipend: _____

Approximate number of students enrolled in club: _____

Total club meetings: ____ (please include attendance sheets with dates)

I certify that I conducted the above meetings during the school year.

Date: _____
Advisor Signature

Date: _____
Principal

Date: _____
Business Official