



ST. JOSEPH PUBLIC SCHOOL
TRUST & AGENCY ACTIVITY ACCOUNT

REQUEST FOR PAYMENT

Please issue a check in the amount of _____ payable to:

Company/Individual

Mailing Address

City/State/Zip

Issue check from the funds of: _____

Circle one:
Elementary Middle School High School

Purpose: _____

Advisor Signature

DATE

Special Timing /Mailing
Instructions: _____

Please send request to:

Darcie Rogers
St. Joseph Public School Business Office
2580 S Cleveland Avenue, St. Joseph, MI 49085
drogers@sjschools.org 269-926-3129