Southeast Island School District P.O. Box 19569 Thorne Bay, AK 99919

Attachment 54

Request for Check/Reimbursement

Address:				
If individual person, social security number:				
ı		T		
	Description		Costs	
	Board Member Cell Phone S	Stipend	\$30.00	
	Month/Year:			
	•			
!		Total Costs	\$30.00	
Date:	Southeast Island School District			
Approval:				
For Official Use Only				
Date:	1 01 01110	Invoice:		
Approval:		Vendor:		
Title:		Coding:		

Payee: