



Phillipsburg High School Stateliner Bands

Student Allocated Funding Withdrawal Authorization - Purchases

I give my permission to withdraw \$ _____ from
(amount)

_____ 's Student Allocated Funding Account
(student name)

for the purchase of :

(item to be purchased)

Parent's Signature: _____

Date: _____

Official Use Only

Received by _____ Date _____

Check # _____ Amount _____

Date Completed in : Charms _____ Bank _____