



Miscellaneous Expenses Invoice / Payment Form

*This form must be printed and returned to the listed individual by the stated deadline.
If paying by check, please attach the check to this form.*

Student Name(s) & Grade(s): _____

Reason for Payment:	Return To:	Due Date:	Draft Date: <i>(if selected below)</i>
<i>Example: Lost Library Book</i>	<i>LS Librarian</i>	<i>November 15</i>	<i>November 20</i>

Select Method of Payment:

- CHECK:** Check must be attached to this form. (Check # _____)

- DRAFT:** I authorize Salisbury Christian School to draft the amount listed above from my checking/savings account on the Draft Date listed above for this program. *(A Direct Payment Authorization Form must already be on file in the Business Office in order to select this option.)*

- CREDIT CARD:** I have completed payment via credit card on the SCS website. *(3% convenience fee applies. This form should be returned to school after credit card payment has been made and prior to the Form Due Date listed above. Please provide your Transaction # _____)*

Printed Name

Signature

Date