



**DOUGHERTY COUNTY SCHOOL SYSTEM
ACTIVITY ACCOUNT**

SERVICES RENDERED FORM

I, _____, am requesting payment of \$ _____

for services rendered that is described as follows:

Signature of Person Rendering Service

Date

Teacher/Sponsor's Signature (if applicable) _____

Approved by Principal _____

Charge to Account _____

FOR OFFICE USE ONLY

Check No. _____

Date Check Paid: _____