



The Oklahoma Association of Middle and Junior High Student Councils

State Treasury Requisition

Person Submitting STR

Address

City State Zip

Type of Disbursement

- ☐ Reimbursement ☐ Partial Payment
☐ Deposit ☐ Full Payment

Line Item No.	Description	Qty.	Unit Price	Total Price
Total				

President School Sponsor

Date

Board Member

Region#

Date

Executive Director

Date

Attach Invoice, Bills, or Verification to this form.

Check to be made out and sent to:

Name

Address

City

State

Zip