San Angelo ISD
CAMPUS ACTIVITY FUND
CAMPUS INCENTIVE DOCUMENTATION:

CAMPUS:

SIGNATURE OF PRINCIPAL:____

PURPOSE OF INCENTIVE:____
(Perfect attendance, student performance, staff appreciation, etc.)

Criteria for selection:____

Description of incentive purchased:____

Total purchase amount: (invoice must be provided) _______________________________

Date awarded: _________________________________

Recipients:
I ACKNOWLEDGE RECEIPT OF THE DESCRIBED CAMPUS INCENTIVE:

Name/Signature	Date	Name/Signature	Date