

Armada Area Schools  
Music Department Voucher

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Amount: \_\_\_\_\_

\$
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Memo: \_\_\_\_\_ Signature: \_\_\_\_\_

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\*This money will be taken out of the student's account by the booster group upon his or her signature for what is stated in the memo above

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