

SURRY COUNTY PUBLIC SCHOOLS

Debtor To:

Code: _____

Date: _____ For: _____ \$ _____

Date: _____ For: _____ \$ _____

**Appoved by the Surry County School Board and payment requested by
Dr. Michael Thornton, Division Superintendent.**

**Dr. Michael Thornton
Division Superintendent**

**Assistant Superintendent
Finance Director/Designee**

Date

Date