

Activity Fund Check Request

Date _____ Check Number _____ Activity Code _____

The Activity Listed Above Requests a Check be Drawn on Their Activity Account

Payment Made To: _____

Address: _____
STREET ADDRESS / P.O. BOX CITY STATE ZIP CODE

Payment Made For: _____

In the Amount Of: \$ _____

The School District Treasurer's Office Must have the following Documents Prior to Payment:
The Original Invoice
One Copy of the Invoice

Class Secretary: _____ Class Sponsor: _____

Principal: _____ Superintendent: _____