

CHECK REQUEST FORM
Student Activities Fund
Supporting Documentation Must Be Attached

Date: _____

ISSUE CHECK TO:

Name: _____

Address: _____

City/State/Zip Code: _____ Social Security # _____

Reason: _____

Account # _____ Vendor # _____

Amount: \$ _____ Requested by: _____

MAILING INSTRUCTIONS:

~Send Check to Originator _____

~Mail Check in Attached Envelope: X

~Other _____

****APPROVAL:**

Principal: _____ Date: _____

Superintendent/Director of Administrative Services _____

VENDOR NUMBER MUST BE COMPLETED