

# Activity Fund Check Request

Date \_\_\_\_\_ Check Number \_\_\_\_\_ Activity Code \_\_\_\_\_

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*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: \_\_\_\_\_