

Galveston Independent School District ACTIVITY FUND CHECK REQUEST FORM

- Check Request MUST have all signatures.
- Submit check request 5 days prior to date needed.
- Emergency check requests will be decided on an individual basis.
- If using this form, attach to Requisition.

School/Organization: _____

Date: _____

PAYEE: _____

ADDRESS: _____

\$

AMOUNT

Group, Club or Class: _____

Description of service rendered or merchandise received:
(INVOICE OR RECEIPT(S) MUST BE ATTACHED)

**Signature of Student Representative
(REQUIRED FOR ALL 865 FUND ACCOUNTS)**

Signature of Sponsor

School Principal