

# **Brownsboro Independent School District**

## **Activity Fund Check Request Form**

**Date:**

**Amount:**

**Payable To:**

**Explanation:**

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<b>Organization</b>	<b>Requested/Sponsor</b>
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**Approved**

**Return Check to me: Y N Fund#: \_\_\_\_\_**

**Mail**

**Copy of invoice or receipt attached**

**Pay Credit card**

**\*\*A receipt/invoice must be attached to receive payment. If you do not have a receipt/invoice, one must be made up until you can obtain the original or a copy of one.**