



Activity Fund Check Request

Date: _____ Amount: _____

Check Payable To: _____

Address: _____

☐

Mail Check

OR

☐

Return to Originator

Is this a Reimbursement?

Pre-Approval required.

☐

YES

☐

NO

Description Of Expense: _____

Activity Fund Account to be Charged: _____

Officer's Signature #1: _____

Officer's Signature #2: _____

Sponsor's Signature: _____

*If using **student** activity funds, the officers' and sponsor's signatures certify the availability of club minutes documenting students' approval of the expense prior to submitting the request.*

Office Use Only:

Check Date: _____

Written By: _____

Check #: _____

Principal's Signature: _____

Chief Finance Officer (Required for Principal Reimbursement): _____

Reminders:

*All reimbursements must be pre-approved before any purchase is made by completing a "Request to Purchase and Be Reimbursed" form.

*Sales tax will not be paid or reimbursed, except when using courtesy funds.

*Detailed receipts showing items purchased are required. (Credit card signature slips are not sufficient.)

*Campus Activity Funds must use District-approved vendors.

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