ACTIVITY FUND
REQUEST FOR CHECK

Sponsor Supplied Information

Date Requested: _____

Account Title: _____

Account #: _____

Amount: _____

Pay To: _____

Address: _____

_____

Explanation: _____

_____

Signature of Sponsor: _____

Signature of Principal: _____

***Signature of Finance Director:** _____

*Check request in excess of $1500.00 requires the signature of the Finance Director.

CHECK PAYMENT DISTRICT AUTHORIZATION
Enter Check Payment Data And Click Post

Check # :

Acct # : 3 6 6 0 2 0 0 0 0 0 0 0 0

Payee :

Amount :

P.A. # : **(Optional)**

Date : **(MM DD YYYY)**

Cash Acct : 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0