ACTIVITY FUND CLUB OFFICERS

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CAMPUS BOOKKEEPER/SECRETARY

NO LATER THAN SEPTEMBER 26TH, 2026

SCHOOL NAME:_____YEAR 2026-2027

CLUB NAME:_____

	PRINT NAME	SIGNATURE
CLUB SPONSOR:	_____	_____
PRESIDENT:	_____	_____
VICE-PRESIDENT:	_____	_____
SECRETARY:	_____	_____
TREASURER:	_____	_____

*****NOTE: REQUEST FOR PAYMENT FORMS*****

Required Signatures: 1. Sponsor 2. President or Treasurer

Faculty Fund- requires 2 signatures

THIS FORM MUST BE IN THE BOOKKEEPER'S/SECRETARY'S OFFICE FOR AUDITING PURPOSES.

Office of Financial Services
432-240-1018 | www.midlandisd.net
615 W. Missouri Ave. Midland, Texas 79701