

# Activity Account Check Request

Date:

Requested By:

Check Amount:

Check Payable To:

Reason:

Special Instructions:

Date Needed By:

Activity Account:

Approved By (must be signed by advisor of account):

Approval of Assistant Superintendent (MS/HS) OR Approval of Elementary Principal (Elementary):

**YOU MUST ATTACH A RECEIPT OR INVOICE...FAILURE TO ATTACH DOCUMENTATION MAY RESULT IN DENIAL OF REQUEST PER AUDIT STANDARDS**