



Activity Fund Disbursement Request

Check Request - Reimbursement Request - Purchase Request

(Original invoices or Activity Fund Purchase Request form must accompany this form)

Request Date: _____ Fund Acct: _____

Ck. Amount \$: _____ Purpose: _____

Recipient: _____ Who: _____

Address: _____ When: _____
(Travel Only)

City, State, Zip: _____ Where: _____
(Travel Only)

Requested by: Teacher/Sponsor Signature _____ Student Representative Signature (Clubs Only) _____

Return check to sponsor: Y / N _____ Date needed by: _____

Bookkeeper Signature _____ Date _____ Principal Signature _____ Date _____