

CHECK REQUEST FORM
STUDENT ACTIVITY ACCOUNT

Club/Organization Name: _____

Date Requested: _____ Amount Requested: _____

Date check needed: _____

Make Check Payable to:

Vendor Name: _____

Vendor Mailing Address: _____

Description of Disbursement: _____

**ORIGINAL RECEIPTS/INVOICES & APPROVED PURCHASE REQUISITION MUST BE
ATTACHED BEFORE CHECK CAN BE PROCESSED**

Approval Signatures:

Student Treasurer: _____ Date: _____

Activity Advisor: _____ Date: _____

Principal: _____ Date: _____

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