



**FORT DAVIS INDEPENDENT SCHOOL DISTRICT**

PO BOX 1339  
 FORT DAVIS, TX 79734

# Activity Fund Request

Vendor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone # \_\_\_\_\_

Date: \_\_\_\_\_

Campus \_\_\_\_\_  
 Department/  
 Position \_\_\_\_\_

Office Use Only	
Check #	_____
Date:	_____
Initials:	_____

Request for Reimbursement  Y  N

Name for Reimbursement \_\_\_\_\_

Invoice Attached (must be attached)  Y  N

Activity Fund Account \_\_\_\_\_

Qty	Description (size, color, meals, entry fee, etc.)	Price/Each	Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Staff/Sponsor Signature \_\_\_\_\_  
 Principal Approval \_\_\_\_\_

Page Total	_____	\$ -
Shipping	_____	
Discount	_____	
Grand Total	_____	\$ -