

GIACOMA WJHS WHS

ACTIVITY FUND

REQUEST FOR PAYMENT FORM

DATE OF REQUEST _____

AMOUNT OF REQUEST _____

CHECK PAYABLE TO:

Name _____

Address _____

City/State/Zip _____

RETURN CHECK TO: (If different from above)

Name _____

Address _____

City/State/Zip _____

ACTIVITY FUND _____

PURPOSE OF THE EXPENDITURE _____

(Note: All Receipts must be attached for reimbursement.)

Signature of Person
Requesting Check

Approval of Payment
Signature of Principal

OFFICE USE:

AMOUNT OF CHECK _____

CHECK # _____

DATE CHECK ISSUED _____

ACTIVITY FUND CHARGED _____

YOUR ACCOUNT BALANCE IS NOW \$ _____

SIGNATURE OF BOOKKEEPER _____