

Campus Name
La Joya Independent School District

Activity Fund Check Request

Club: _____ Date: _____
Payee: _____ Amount: \$ _____
Check # issued: _____ Payment in full: ___ Yes ___ No
Remaining Account Balance: _____

Items Purchased:

Purpose: _____

Original receipts or vendor's invoice must be attached to this request prior to obtaining Principal's approval.

Signature of student officer Date

Approved/Denied by Principal Date Signature of Sponsor/Teacher Date

Signature of financial clerk Date