Grand View School
Home of the Chargers

Activity Fund Check Request Form

Date	*Check Number*	*Activity Sub Account*

Name of Activity

The activity listed above requests a check be drawn on their activity account.

Payment Made To

Street Address/PO Box	*City*	*State*	*Zip Code*

Payment Made For

In the Amount of

The Grand View School Accounting Office must have the original invoice or receipt prior to payment.

Signatures

Activity Sponsor

Encumbrance Clerk

Director or Superintendent