



MILES ISD

ACTIVITY FUND CHECK REQUEST

DATE: _____

Club Name _____

Please issue a check to: _____

Address _____

Reason _____

Amount \$ _____

To the best of your knowledge, the club has sufficient funds in account to cover this check request.

Signature of Sponsor

Please return check to me by _____

Place in mail

ATTACH DOCUMENTATION FOR AUDIT PURPOSES

FOR PRINCIPAL/SUPERINTENDENT USE ONLY

Approved by: _____
(Name and Title)

Date: _____ Check Number: _____