

ACTIVITY CHECK REQUISITION

Please Make Check To: _____

Address: _____

Amount of Check Requested: _____

Item or Items to Be Purchased: _____

Requested By: _____ Date: _____

Date Check Needed: _____

Organization Requesting Check: _____

Coding: _____

Do you wish to pick check up or have check mailed?

_____ Pick Check Up

_____ Mail Check

Principal's Approval: _____ Date: _____

Instructions:

Please fill out form completely, sign it, and *get it approved* by Principal *before* submitting it to the Business Office for processing.