

KEENEYVILLE SCHOOL DISTRICT # 20

ACTIVITY FUND CHECK REQUEST FORM

REQUESTOR'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE REQUEST ALL CHECKS ONE WEEK IN ADVANCE OF STUDENT ACTIVITY, FIELD TRIP, ETC.

MAKE CHECK PAYABLE TO: \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

ACCOUNT CATEGORY TO BE CHARGED: \_\_\_\_\_  
Organization name/grade/etc.

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_

TEACHER'S SIGNATURE \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_

**This form must be given to the school secretary. It must be verified before it is sent to the business office or the check will be delayed.**

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**FOR OFFICE USE ONLY**

CHECK REQUESTED ON: \_\_\_\_\_ BY: \_\_\_\_\_

PAPER WORK SENT ON: \_\_\_\_\_ BY: \_\_\_\_\_

DEPOSITS MADE TO ACTIVITY FUND:

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

## DEPOSIT SLIP BREAKDOWN

<u>Date</u>	<u>Amount</u>	<u>Source</u>
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