



MARTIN COUNTY WEST SCHOOLS

Student Activity Fund Check Request

Student Activity Fund Name: _____

Account Code: _____

(Required before a check will be issued)

Date Check Needed: _____

CHECK PAYABLE TO: _____

Address: _____

Please check one of the following:

Please mail check

Please return to me

DATE (expense incurred or date of check request)	DETAILED DESCRIPTION	AMOUNT

I declare under the penalties of law that this account, claim, or demand is just and correct, that no part of it has been paid, and complies with school district policy.

Approval Signatures:

Activity Advisor: _____ Date: _____

Student Representative: _____ Date: _____

Activities Director: _____ Date: _____

****Appropriate Supporting Documentation Must Be Attached****