

**Independent School District #0821
Student Activity Fund
Activity Purpose Form
(SY)**

ACTIVITY NAME: _____

ACTIVITY PURPOSE: _____

GRADE(S) AND INTEREST(S) OF STUDENTS SERVED: _____

Upon termination of the above-named activity, any unobligated funds remaining in the account will be disbursed/distributed in the following manner: _____

I, _____, (advisor), have received a copy of the Student Activity Fund Handbook and acknowledge my responsibility for assuring proper procedures are followed.

Advisor's Name (Print)

Advisor's Signature

Principal's Approval

The following students are designated as officers of this Activity. A minimum of two (2) of these signatures are required on all account transactions.

Officer's Name (Print)

Officer's Signature

Officer's Name (Print)

Officer's Signature

Officer's Name (Print)

Officer's Signature