

STEWARTVILLE PUBLIC SCHOOLS #534

Student Activity Fund  
Check Request Form

Student Activity Fund Name: \_\_\_\_\_ Acct Code: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

Please mail check (include an addressed envelope: \_\_\_\_\_ Please return check to me: \_\_\_\_\_

Check Payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Disbursement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval Signatures

Activity Advisor: \_\_\_\_\_

Student Representative: \_\_\_\_\_

Activities Director: \_\_\_\_\_

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