

Lebanon School District Activity Fund Check Request

REQUEST FOR PAYMENT OF FUNDS
(To be made out by activity requesting payment)

Class or Activity: _____

Pay to: Name: _____

 Address: _____

	Check here if payment is to be mailed from the office. Attach original bill or cash register receipt. If no bill is available, please give complete description of item or service covered by payment.
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DATE	QUANTITY	DESCRIPTION	PRICE
TOTAL			

Balance in this account after this payment has been made _____

Date Paid: _____

Activity Representative: _____

Check # _____

Faculty Advisor: _____

Bookkeeper's Initials: _____

Approved: _____

Principal