

HAMILTON COMMUNITY CONSOLIDATED SCHOOL DIST. #328
CHECK REQUEST FOR ACTIVITY FUND

DATE OF REQUEST: _____

ACTIVITY ACCT. (Specify Elementary, JH or HS): _____

AMOUNT OF CHECK: _____

PAYABLE TO: _____

REASON/DESCRIPTION: _____

REQUESTED BY (Please sign & print name): _____

ADMINISTRATORS SIGNATURE: _____

DATE APPROVED: _____

*If requesting a check for reimbursement, a receipt **must be attached** to the request.

**If you have any documentation, such as an invoice or statement, please attach it to the request form.