

**BRAZOS INDEPENDENT SCHOOL DISTRICT
CHECK REQUEST FROM ACTIVITY ACCOUNT**

ATTENTION: Lisa Kanak DATE: _____ DATE NEEDED: _____

NAME OF ACTIVITY ACCOUNT: _____

AMOUNT: _____

NAME TO ISSUE CHECK TO: _____

Mail Check

Return to Requestor

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

FOR: _____

REQUESTOR/SPONSOR: _____

STUDENT OFFICER APPROVAL: _____

ADMINISTRATOR APPROVAL: _____

IMPORTANT: THIS FORM WILL BE RETURNED FOR THE FOLLOWING REASONS:

- *REQUIRES PRINCIPAL'S SIGNATURE*
- *IF ANYTHING IS BLANK*
- *IT IS ON THE WRONG REQUEST FORM*

IMPORTANT: PLEASE MAKE SURE THE FOLLOWING ARE ATTACHED:

- *RECEIPTS*
- *STUDENT OFFICER APPROVAL*
- *LIST OF STUDENT NAMES/SIGNATURES WHEN MONEY IS RECEIVED.*