

**La Joya Independent School District
Activity Fund Check Request**

Campus: _____ Date: _____
Club: _____ Amount: \$ _____
Payee: _____ Payment in full: ___ Yes ___ No
Check # issued: _____
Remaining Account Balance: _____

Items Purchased:

Purpose: _____

Original receipts or vendor's invoice must be attached to this request prior to obtaining Principal's approval.

Signature of student officer Date

Approved/Denied by Principal Date Signature of Sponsor/Teacher Date

Signature of financial clerk Date

*A check request must be turned in
1 week prior to receiving check
for activity from the Campus Secretary.*

