

Domingo Treviño Middle School
La Joya Independent School District
2020-2021
Activity Fund Check Request

Club: _____ **Date:** _____

Payee: _____ **Amount: \$** _____

Check #issued: _____ **Payment In Full** ___ Yes ___ No

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

****Check must be requested at least 1 day ahead of time**

****Please make sure check has two signatures**