

Elizabethtown Area School District

Check Request from Student Activity Account

Submit to Director of Extra Curricular Activities

_____ _____ _____
Date Name of Student Activity (D.O. Use) Acct. #

Please draft a check: _____

Address: _____

Amount: _____ Check needed by: _____

(Please attach original invoice/receipt, meeting minutes, and any other instructions and/or copies that should be sent with the check)

Account balance verified by: _____

Account balance: \$ _____
(after current expenditure)

Treasurer's Signature

Advisor's Signature

Director of Extra-Curricular Activities Signature