

# GILMER INDEPENDENT SCHOOL DISTRICT

## ACTIVITY FUND CHECK REQUEST

Date: \_\_\_\_\_

School Campus: \_\_\_\_\_

Organization/Club Name: \_\_\_\_\_

Check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

For: \_\_\_\_\_

Date check needed:\*\* \_\_\_\_\_

Requested by: \_\_\_\_\_

(if other than sponsor)

**\*\*Check issue dates vary by campus\*\***

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Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_