

Activity Account Check Request
Eastland C.U.S.D. #308
Jr./Sr. High School Activity Fund

Pay To: _____ Date: _____

Street City State Zip

For: _____

Name of person who placed the order: _____ P.O. # _____

Amount: \$ _____ Attached Supporting Documentation (Y) (N)

Activity Account _____

Sponsor's Signature _____

Principal's Signature _____