

# Activity Fund

## PAYMENT AUTHORIZATION FORM

Date \_\_\_\_\_

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

To: Business Office

**Authorization requested to issue a check in the amount of \$ \_\_\_\_\_**

***PAYABLE to \_\_\_\_\_, for the following:***

**(GIVE ALL DETAILS: time of departure, time returning, dates, location, reason, etc.)**

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

\$ \_\_\_\_\_

***Checks are "usually" printed on Thursday and can be picked up on Friday. Deadline to receive forms is 9:00 A.M. Thursday.***

\_\_\_\_\_  
Student Representative

\_\_\_\_\_  
Sponsor Approval

\_\_\_\_\_  
Principal Approval

CODE \_\_\_\_\_ \$ \_\_\_\_\_