

**HAMILTON COMMUNITY CONSOLIDATED SCHOOL DIST. #328  
CHECK REQUEST FOR ACTIVITY FUND**

DATE OF REQUEST: \_\_\_\_\_

ACTIVITY ACCT. (Specify JH or HS): \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_  
\_\_\_\_\_

REASON/DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY (Please sign & print name): \_\_\_\_\_  
\_\_\_\_\_

ADMINISTRATORS SIGNATURE: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

\*\*If requesting a check for reimbursement a receipt **must be attached** to your request which will still be subject for approval before payment is made.

\*\*If you have any documentation, such as an invoice or statement, please attach that to your request form.