

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

DATE OF REQUEST: _____

ACTIVITY ACCT. (Specify Elementary , 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.