

# MS or HS Activity Account Check Request

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

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

Activity Account Name: \_\_\_\_\_

Activity Account Number: \_\_\_\_\_

Please issue check to: \_\_\_\_\_

Check Mailing Address: \_\_\_\_\_

Reason for check: \_\_\_\_\_

ATTACH VENDOR INVOICE or receipts if this is a reimbursement

Are there any special instructions regarding this payment?

\_\_\_\_\_

Advisor Name (printed): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Student Representative  
Name (printed): \_\_\_\_\_

Student Representative  
Signature: \_\_\_\_\_

To be completed by office

Principal or Assistant  
Principal Approval: \_\_\_\_\_

Check #: \_\_\_\_\_

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

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

8/8/2023