

DEER CREEK-MACKINAW SCHOOL DISTRICT #701

STUDENT ACTIVITY FUNDS

REQUEST FOR PAYMENT

DATE _____

PLEASE ISSUE CHECK/TRANSFER FUNDS:

TO _____

IN THE AMOUNT OF \$ _____, IN PAYMENT FOR _____

CHARGE TO _____ ACCOUNT.

DIRECT MAIL _____ RETURN CHECK TO CLASS SPONSOR _____

DMMS _____ DMP/JH _____ HS _____

THE ABOVE PAYMENT IS AUTHORIZED BY:

STUDENT OFFICER: _____ DATE: _____

ACTIVITY SPONSOR: _____ DATE: _____

ADMINISTRATOR: _____ DATE: _____

UNIT OFFICE INFORMATION

DATE RECEIVED IN UNIT OFFICE _____

DATE PAID _____ CHECK # _____

NOTICE

Invoices or an email explaining what needs paid **MUST** be attached to this request.

This form **MUST** be signed by all before it will be accepted and paid by the Unit Office.

A copy of this form will be given back to the Class Sponsor and Administrator after processed and paid by the Unit Office.