

AUXILIARY OPERATIONS / STUDENT ACTIVITIES CHECK REQUEST



Name of Activity: _____ Account Number: _____
 Payable to: _____ Amount: _____
 Mailing Address: _____
 Indicate what the request is for: _____

Approved in Student Minutes Dated: _____
 Requested by Student Representative: _____
 Approved by Teacher/Sponsor: _____
 Person responsible for return of paid invoice/receipt: _____

<p><u>MEAL REQUEST</u> Contest Opponent: _____ Contest Date: _____ # of Meals (Players & Coaches): _____ Cost Per Meal: _____ Total Cost: _____</p>	<p><u>LODGING REQUEST</u> Contest Opponent: _____ Contest Date: _____ # of Rooms: _____ # of Nights: _____ Cost Per Room: _____ Total Cost w/ Tax: _____</p>
<p><u>ENTRY FEE REQUEST</u> Contest Opponent: _____ Entry Fee Cost: _____ Entry Fee For: _____</p>	<p>For Meal/Lodging/Entry Fee Requests all receipts must be kept and all money must be accounted for. Please fill out all paperwork completely and accurately. Turn in all receipts/funds and paperwork within three business days of event.</p>

NOTE: Per the auditors an invoice/receipt is required for this check request. A copy of this Check Request will remain on an open status until invoice/receipt or proper documentation is returned to the Business Office.

Please attach a copy of your order form or extended listing and a copy of the Student Activity Minutes reflecting this expenditure.

Approving Administrator: _____ Date: _____

BUSINESS OFFICE ACCOUNTING USE

Date: _____ Remarks: _____
 Check #: _____
 Signature: _____