

**Meredosia-Chambersburg Community Unit School  
District No. 11**

**Activity Account Check Request Form**

Name of Activity: \_\_\_\_\_

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

Date Check Needed: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Description of Disbursement:  
\_\_\_\_\_  
\_\_\_\_\_

Approval Signatures:

Student Signature of activity account: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

**▲▲▲Original Receipts/Invoices Must Be Attached ▲▲▲**

Processed By: \_\_\_\_\_

Check Number: \_\_\_\_\_

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

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

Print Form