

**Memorial Middle School
Activity Fund Check Request**

Club: _____ Date: _____

Payee _____ Amount: \$ _____

Check # issued: _____ Payment in full: ☒ Yes ☐ No

Items purchased:

Purpose: _____

Original receipts or vendor's invoice must be attached to this request prior to obtaining Principal's approval.

Signature of Student Officer Date

Approved / Denied by Principal Date Signature of Sponsor/ Teacher Date

Signature of Financial Clerk Date