

JOHNSTON CITY COMMUNITY UNIT #1

ACTIVITY FUND PAYMENT REQUEST FORM

Date: _____

High School Activity Fund: _____

Washington School Activity Fund: _____

Payee: _____

Address: _____

City/State/Zip: _____

Amount of Check: \$ _____

From the _____ Fund

For: _____

Activity Fund Sponsor: _____ Date: _____

Principal or Superintendent: _____ Date: _____

Treasurer: _____ Date: _____

Check #: _____

Date Written: _____

Instructions: The original invoice, an extra copy of the invoice, and an envelope addressed to the payee or the Activity Sponsor should accompany each request for payment. Please be sure your request has all three (3) required signatures. If these instructions are not followed, then the request will be returned to the Activity Sponsor.