

CHECK REQUEST
Lone Oak ISD

Date _____ **Requested by _____

Date Check Needed _____

Budget

Payable to _____

Activity Account
Name _____

Purpose of check: Attach any or all supporting documents (invoices, packing slips, receipts, etc.)

Total Amount _____ Budget/Activity # _____

Approved _____ Principal/Supervisor Date _____

Approved _____ Sponsor(if applicable) Date _____

Approved _____ Club Officer Date _____

Mail Check

Return Check to Sponsor

** To be completed by person requesting check

OFFICE USE

_____ Check Number
_____ Date