SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP

STUDENT ACTIVITIES CHECK REQUEST FORM

DATE: _____

Please issue payment to:

VENDOR NAME: _____

VENDOR CODE: _____

PURPOSE OF CHECK:_____
Attach all supporting documentation – receipts, invoices, etc... Requests without supporting documentation will not be processed.

INVOICE # OR DESCRIPTION	BUDGET CODE/ACCOUNT		AMOUNT
		TOTAL	

Signature - Sponsor/Advisor: _____   Date: _____

Signature – Student Officer: _____   Date: _____

Signature – Assistant Principal: _____   Date: _____

Signature - Assistant Busines Administrator: _____   Date: _____

☐ Mail check to the vendor
☐ Return check to: _____. Building: _____
☐ Hold check in Business Office – to be picked up by: _____