

BLOOMINGTON PUBLIC SCHOOLS STUDENT ACTIVITY ACCOUNT REQUEST FOR CHECK

Date: _____

School: _____

Activity Account Name: _____

Payee: _____

Attention: _____

Address: _____

Amount \$ _____

Social Security Number: _____ (Non-Employee)

Date of Event: _____

Purpose/Description: _____

I hereby certify that there are sufficient funds available in this account to cover this request for payment. Under the penalties of perjury, I declare this to be a true and correct statement of claim against Bloomington Public Schools, and that no part of it has been paid.

Student Treasurer's Signature

Advisor's Signature

Principal's Signature

(Must have 3 different signatures)

Activity Account Number

Amount

50			\$.
50			\$.
50			\$.
50			\$.

White: Finance

Yellow: Finance/Sent with check

Pink: Requester

Please Specify One

Mail Check: _____

Return Check To: _____

(Name & Location)

Special Instructions: _____

Will be picked up when ready: _____