

# KILGORE ISD

## Activity Fund Check Request

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Mail Check **OR**  Return to Originator

IS THIS A REIMBURSEMENT? *Pre-approval form required.*  Yes  No

DESCRIPTION OF EXPENSE: \_\_\_\_\_

ACTIVITY FUND ACCOUNT TO BE CHARGED: \_\_\_\_\_

SPONSOR'S SIGNATURE\*: \_\_\_\_\_

*\*If using **student** activity funds, the sponsor's signature certifies the availability of club minutes documenting the students' approval of the expense **prior to** submitting this request.*

|                         |  |                              |
|-------------------------|--|------------------------------|
| <b>Office Use Only:</b> | Check Date: _____  | Written By: _____            |
|                         | Check Number: _____  | Principal's Signature: _____ |
|                         | Asst. Supt. of Finance (Required for Principal Reimbursement): _____ |                              |

**Reminders:**

- \*All reimbursements must be pre-approved before any purchase is made by completing a "Request to Purchase and Be Reimbursed" form.
- \*Sales tax will not be paid or reimbursed, except when using courtesy funds.
- \*Detailed receipts showing items purchased are required. (Credit card signature slips are not sufficient.)
- \*Campus Activity Funds must use District-approved vendors.

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