

**COOLIDGE UNIFIED SCHOOL DISTRICT #21
AUXILIARY OPERATIONS/STUDENT ACTIVITIES
CHECK REQUEST**

NAME OF ACTIVITY: _____ ACCOUNT NUMBER: _____

PAYABLE TO: _____ AMOUNT: _____

ADDRESS: _____

FOR: _____

APPROVED IN MINUTES DATED: _____

REQUESTED BY STUDENT REPRESENTATIVE: _____

APPROVED BY TEACHER/SPONSOR: _____

NAME OF PERSON RESPONSIBLE FOR RETURNING PAID INVOICE/RECEIPT: _____

MEAL REQUEST

Contest Opponent: _____

Contest Date: _____

of Meals (Players & Coaches): _____

Cost Per Meal: _____

Total Cost: _____

LODGING REQUEST

Contest Opponent: _____

Contest Date: _____

of Rooms: _____

of Nights: _____

Cost Per Room: _____

Total Cost w/Tax: _____

ENTRY FEE REQUEST

Contest Opponent: _____

Entry Fee For: _____

Entry Fee Cost: _____

For Meal/Lodging/Entry Fee Requests all receipts must be kept and all money must be accounted for. Please fill out all paperwork completely and accurately. Turn in all receipts/funds and paperwork within three business days of event.

NOTE: Per the auditors an invoice/receipt is required for this check request. A copy of this Check Request will remain on an open status until invoice/receipt or proper documentation is returned to the Business Office.

Please attach a copy of your order form or extended listing and a copy of the Student Activity Minutes reflecting this expenditure.

APPROVING ADMINISTRATOR: _____ DATE: _____

BUSINESS OFFICE ACCOUNTING USE:

Remarks: _____

DATE: _____

CHECK NO.: _____

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SIGNATURE: _____