



**DOUGHERTY COUNTY SCHOOL SYSTEM
ACTIVITY ACCOUNT**

CHECK REQUEST FORM

DATE

Payable To: _____

Address: _____

APPROXIMATE AMOUNT OF CHECK \$ _____
(not to exceed \$500.00 unless paid from an invoice, registration form, etc.)

AMOUNT OF CHECK \$ _____
(completed after receipts are turned in)

DETAILED EXPLANATION OF EXPENDITURE:

Teacher/Sponsor's Signature (if applicable) _____

Approved by Principal _____

Charge to Account _____

FOR OFFICE USE ONLY
Check No. _____
Date Check Paid: _____