

**LIBERTY HILL INDEPENDENT SCHOOL DISTRICT  
ACTIVITY CHECK REQUEST FORM**

DATE REQUESTED: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

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

ACTIVITY ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_

ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURPOSE OF PAYMENT: (Indicate dates and attach receipts, as applicable)

*\*Student Activity Clubs/Groups (865) should provide meeting minutes approving purchase.*

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DISBURSEMENT INSTRUCTIONS:       Mail to Payee       Return to Requestor

REQUESTED BY: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

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

PAYMENT AUTHORIZATION: \_\_\_\_\_

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

<u>Accounting Department Use Only</u>	
Date Paid:	_____
Check #:	_____
Entered in system	<input type="checkbox"/>