



Mid Valley Student Activity Fund Check Request Form

Date: _____ Name of Club: _____

- **Original invoices/receipts need to be attached. Failure to do so will result in request being returned to the advisor.**
- **Check processing will be 5-7 days after the request is received in the Business Office. Plan accordingly to avoid any issues you may have when needing a check processed by a certain date.**

Payee Information

Check Payable to: _____

Address: _____

Phone: _____

Amount:

\$

Invoice

Reimbursement

Donation

Award

Detailed description of Expenditure: _____

Payment Method:

Business office to Mail Check to Vendor

Return Check to Advisor

All signatures MUST be obtained before submitting to **Cindy Sholtes** in the Secondary Center Office for Payment

Club Advisor:	
Student Officer:	
Mr. Jeff Kovaleski - Principal	