

**MIDLAND INDEPENDENT SCHOOL DISTRICT
ACTIVITY FUND
REQUEST FOR PAYMENT**

AMOUNT OF REQUEST

_____/_____
CAMPUS #/ REQUISITION #

PAY TO: _____

ADDRESS: _____

EXPLANATION: _____

CLASS / CLUB ACCOUNT NAME: _____

CLUB OFFICER SIGNATURE

DATE

SPONSOR SIGNATURE

DATE

SECRETARY / BOOKKEEPER SIGNATURE

DATE

FUND	FNC	OBJECT	SUB OBJ	ORG	INV. NUMBER	INV. DATE	DISB AMOUNT
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

_____/_____/_____
DATE OF PAYMENT

TOTAL AMOUNT OF CHECK

CHECK NUMBER