

**CHECK REQUEST FORM  
STUDENT ACTIVITIES  
SUMMERSVILLE UNION HIGH SCHOOL**

**TODAY'S DATE:** \_\_\_\_\_

**DATE CHECK NEEDED:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**NAME OF SPORT OR CLUB:** \_\_\_\_\_

**PRINT COACH/TEACHER NAME:** \_\_\_\_\_

**SIGNATURES REQUIRED BELOW-**

**CERTIFICATED ADVISOR:** \_\_\_\_\_

**PRESIDENT/TREASURER:** \_\_\_\_\_

**SUPERINTENDENT/PRINCIPAL:** \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**MAILING ADDRESS (IF TO BE MAILED):** \_\_\_\_\_

\_\_\_\_\_

**REASON FOR CHECK:** \_\_\_\_\_

**AMOUNT OF CHECK:** \_\_\_\_\_

-----  
**IF THIS IS FOR A REIMBURSEMENT, PLEASE ATTACH ALL COPIES OF ORIGINAL RECEIPTS.  
IF THIS IS FOR AN ENTRY FEE, PLEASE ATTACH ALL BACKUP PAPERS SHOWING AMOUNT,  
DATE OF EVENT, LIST OF STUDENTS ATTENDING AND ANY OTHER NECESSARY INFORMATION.**

-----  
FOR OFFICE USE ONLY:

**CHECK #** \_\_\_\_\_ **DATE WRITTEN:** \_\_\_\_\_