



Membership / Event Registration Approval Form ~ Check Request

Date: _____

What budget will payment come from? (Circle One) General Operating / 461 (Activity Acct)

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

Class or Organization: _____

Requesting Teacher Name (PRINT): _____

TOTAL Amount to be paid: \$ _____

Check made out to whom? _____

Does the check need to be mailed or will you hand deliver? **Circle One: MAIL / HAND Delivery**

If being mailed, what is the mailing address? _____

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What will be paid for?

Event/Membership: _____

Date(s) of event _____

Location/Address of Event: _____

Signature of Requestor: _____

Date: _____
Administrator Approval Signature

ONCE APPROVED - Turn approval form and event documentation (flyer, email, etc.) or invoice into Sondra Hall in Business Office