

**CHECK REQUEST****DALLAS SCHOOL DISTRICT NO. 2 STUDENT BODY FUNDS**

- Do not order or pay for supplies in advance of pre-approval and signatures
- After purchase, attach receipts, invoices, packing slips, etc. Sign & date receipts
- If request for funds has been granted by a request to student council, attach applicable, approved form

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

DATE NEEDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐

mail check to vendor

☐

return check to requester

DETAILED PURPOSE/VENDOR \_\_\_\_\_

☐

reimbursement only

STUDENT BODY ACCOUNT NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Pre-approval Request/Estimated Total \$ \_\_\_\_\_

ADVISOR / REQUESTER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLASS/CLUB OFFICER (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Complete actual costs below

DESCRIPTION	ACTUAL AMOUNT	CLUB ACCOUNT (if more than one)
TOTAL		

ADMINISTRATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Additional approval required only if final amount exceeds pre-approved amount by more than 10%)

**ACCOUNTING (BOOKKEEPER ONLY)**

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_ CATEGORY CODE \_\_\_\_\_