

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 _____