

OAKLAND ACTIVITIES ASSOCIATION
CHECK REQUEST

Please fill in all information and obtain authorized signature before submitting to the Executive Secretary. This form should be used for all check requests and must include appropriate documentation and or explanation for requested check.

Submitted by _____ Date _____

School _____ Division _____

Payee _____ Amount \$ _____

Payee Address _____

Budget Account _____ Budgeted: Yes No

Explanation _____

Division Chairperson Signature _____ Date _____

Date Paid _____ Amount Paid \$ _____ Check Number _____