

**ARDMORE CITY SCHOOLS  
ACTIVITY FUND CHECK REQUEST**

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Check is for: \_\_\_\_\_

Organization: \_\_\_\_\_ Acct. # \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

Signature of Co-Sponsor: \_\_\_\_\_

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For Office Use Only:                      Initials: \_\_\_\_\_

Coding \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_