



DEL MAR HIGH SCHOOL
 Campbell Union High School District
 1224 Del Mar Avenue
 San Jose, CA 95128

Club Check Request Form

Name of Club: _____ Club Account Number: _____

Date of Check Request: _____

Approved P.O. Number: _____ (Please attach original PO with this form)

Fundraiser Name (if applicable): _____

Invoice Number (not applicable for reimbursements): _____

Check Request Submitted by: _____
 (Print Name)

Vendor Name:	
Vendor Address:	
Vendor Phone Number:	

Amount requested for check: _____ Amount approved on purchase order: _____

P.O. to be: Closed or Remain Open

Attached Document(s) need to be sent with check: Yes or No

***Purchase order must have been large enough to cover full amount of check request.
 If a purchase order was not processed prior to the purchase, a check cannot be issued.***

Check Destination: Where do you want the check to go after being printed? <input type="checkbox"/> Club Advisor: _____ <input type="checkbox"/> Mail Check <input type="checkbox"/> Other: _____
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Submitted and Approved by:

	Print Name	Signature	Date
Club Advisor			
Activities Director			

For payment to be made, original invoice(s) or receipt(s) must be attached, as well as packing slip, if applicable.

For Office Use Only:

Check Date:	Check Number:	Banker Initials:
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