



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): _____ Fundraiser #: _____

Invoice Number (not applicable for reimbursements): _____

Vendor Name or Reimbursement Name:	
Address:	
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/ Principal			

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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