



**MJC ACTIVITY FUND CHECK REQUEST FORM**

**PLEASE REQUEST ALL CHECKS ONE WEEK IN ADVANCE OF ACTIVITY, FIELD TRIP, ETC.**

REQUESTOR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

ACCOUNT CATEGORY TO BE CHARGED: \_\_\_\_\_  
(MJC Field Trips, Character Counts, Sunshine Fund, Giving Fund, Hearing Itinerants, etc.)

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

SUPPORT DOCUMENTS **MUST** BE ATTACHED

DO YOU WANT CHECK MAILED? \_\_\_\_\_ YES  
\_\_\_\_\_ NO RETURN TO: \_\_\_\_\_