
CHECK #

**SCHOOL DISTRICT 145
ACTIVITY ACCOUNT EXPENSE CLAIM**

DATE _____

AMOUNT \$ _____

ACCOUNT _____

ACCOUNT # _____

PAYABLE TO _____

EXPLANATION OF CLAIM _____

SPECIAL INSTRUCTIONS _____

******* PLEASE CHECK AND COMPLETE ONE *******

___ **MAIL CHECK TO:** (Include Address)

___ **GIVE CHECK TO:**

SIGNATURE OF ACTIVITY SPONSOR

SIGNATURE OF PERSON SUBMITTING CLAIM

PLEASE ATTACH ONE OR MORE OF THE FOLLOWING:

___ **PURCHASE ORDER**

___ **INVOICE**

___ **RECEIPT(S)**

PO # _____

(Receipts &/or invoice also required)

**SUBMIT COMPLETED FORM IN DUPLICATE (Only if you want a copy back with the check # on it) AND ALL
REQUIRED INFORMATION TO THE CENTRAL OFFICE FOR APPROVAL. PLEASE ALLOW 3-5 WORKING DAYS
FOR CHECK.**

******* FOR OFFICE USE ONLY *******

APPROVED BY _____

DATE PAID _____