NOTE: A W-9 FORM” IS NEEDED FOR NEW VENDORS DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

To avoid delay in processing, be sure to attach proof of your request (i.e., invoice, bill, email to support request)

**STUDENT ACTIVITIES CHECK REQUEST**

School (check one): 🞎 HHS 🞎 LMHS 🗹 BCMS 🞎 WVMS

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay to:** |  |  | 🞎 Please mail check outOR🞎 Please return to school Activities office (if attachment needs to be mailed with check, please provide 2 copies) |
|  | Name |  |
|  | Address |  |
| Vendor # | City, State ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**PURPOSE**

|  |  |
| --- | --- |
| Description: | Theater workshop:  |
| Workshop Date: |  | Location | BCMS |
|  |

**AMOUNT**

|  |  |  |
| --- | --- | --- |
| **Student Activity Name** | **Account Code** | **Amount** |
| BC Applause |  | $  |
|  |  | $ |
|  |  | $ |
| Other (please explain): |  | $ |
|  | **Total Requested:** | **$**  |

**REQUIRED SIGNATURES:**

|  |  |  |
| --- | --- | --- |
| Sponsor Approval Signature: | **Shannon K. Knight** |  |
| Student Rep Approval Signature:(for high schools only) | NA |  |
| Principal / Administrator Approval Signature: |  |  |
|  |  |  |