

**MILFORD BOARD OF EDUCATION  
STUDENT ACTIVITY FUND  
CHECK REQUEST FORM**

DATE REQUESTED \_\_\_\_\_

SCHOOL NAME / GROUP NAME: \_\_\_\_\_

AMOUNT \_\_\_\_\_

CLASS/ACCOUNT \_\_\_\_\_

MAKE CHECK PAYABLE TO:

NAME: \_\_\_\_\_

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

CITY/ STATE/ ZIP \_\_\_\_\_

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

\_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

PRINCIPAL'S OR  
DIRECTOR'S AUTHORIZATION: \_\_\_\_\_

Please make sure you have attached the original invoice to be paid or original receipts for out of pocket purchases. Checks will not be processed without backup documentation.

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CENTRAL OFFICE USE ONLY

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_