

Ravenna Public Schools
Activity Fund Check Request Form

Date: _____

Amount: _____

Payable To: _____

Explanation _____

Group/Fund Name

Advisor/Coach Signature

Return Check to Me: Yes No

Mail Check to: _____

Attach a copy of the invoice or receipt to this form. If you do not have a receipt or invoice, one must be made up until you can obtain the original or a copy of one.