

BEAUMONT INDEPENDENT SCHOOL DISTRICT

**ACTIVITY FUNDS VOUCHER/CHECK REQUEST FORM
(TO BE USED FOR ALL ACTIVITY FUND TRANSACTIONS)**

This form is to be submitted to the Bookkeeper by the appropriate sponsor with the invoice and/or quote. Every section must be complete and purpose of expenditure clearly stated so that the campus Principal can consider approval of the request. Unapproved requests will be returned to the sponsor. This request will not be approved if there are insufficient funds in your club account to cover the amount of the request. **This form is to be attached as support in TEAMS for all disbursements from activity funds.**

Section 1

Campus: _____ Date: _____

Pay to: _____ Amount: _____

Mailing Address: _____ Is payee a district employee? _____

_____ Mail out? _____

Section 2

Is the expense from a Campus Activity Fund? _____ Yes _____ No If no, proceed to section 3

Procurement Guidelines

All vendors must be approved by BISD. You must use an approved vendor if one exists for this expense when using *campus activity funds*. All orders requiring a Purchase Order must be accompanied by a quote.

Is this an approved vendor? _____ Yes _____ No If no, Contact the Purchasing Dept. for further instruction.

Section 3

Club to be charged: _____ Tax free day? _____ Yes _____ No
(only two tax free days per year – fall/spring)

Purpose of expenditure (please provide details): _____

Balance in account before this check: _____

By signing this statement I acknowledge all amounts are substantiated.

Sponsor Signature Approved: _____ Yes _____ No

Club Treasurer/Officer Signature (SAF Funds Only) Principal Signature Date

NOTES:

****If using a quote as support for a check request, an invoice must be obtained from the vendor and sent to Accounts Payable in order to close out the check voucher.***

****For Check Requests, contact Accounts Payable to verify if the vendor is setup in TEAMS. Vendors cannot be paid if not set up in TEAMS.***