

**ILLINOIS MATHEMATICS AND SCIENCE ACADEMY**

Aurora, IL 60506-1000

**STUDENT ACTIVITY ACCOUNT REQUISITION**

**PROCEDURE:** This form is to be used when requesting a check for any expenditure from the Student Activity Account. Complete this form in two copies and retain one for your records. All documentation (invoices, receipts, list of students, etc) for this requested payment must be attached. Failure to provide all of the necessary information may delay the processing of the check. If checks are needed to cover expenses, please submit this request **two weeks prior** to the date the check is needed to ensure timely payment.

**Today's Date:** \_\_\_\_\_

**Date Needed:** \_\_\_\_\_

Send check to

Address provided below

Requisitioner

Other - Explain in box below

Check Amount \$ \_\_\_\_\_

Student Activity Acct Name & Number: \_\_\_\_\_

Payable to: \_\_\_\_\_

Street Address

City & State

Zip Code

Explanation for this expenditure:

\_\_\_\_\_  
Requisitioner's Signature

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Business Office Approval