



Student Activity Account Fund Request Form

District Finance Division – Central Office

***NOTE* No purchases are to be made prior to the approval of this Request Form**

SECTION A: Requestor Information

School Name	
Date of Request	
Student Group/Club Name	
Advisor Name	
Advisor Email	
Phone	

SECTION B: Request Details


Amount Requested	\$
Type of Disbursement	<input type="checkbox"/> Vendor Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Other (explain):
Payee Name (Vendor or Person)	
Purpose of Funds (Please provide all pertinent information)	
Date Funds Needed By	


SECTION C: Supporting Documentation (attach with submission)

☒ Check all that apply:

- ☐ Meeting minutes (student group vote/approval) ☐ Approved Fundraiser Form
☐ Invoice or quote ☐ Other: _____
☐ Receipts (for reimbursement)

REMINDER

 Processing Time: 5-7 business days
Check pick up hours: 9a-5p

Submit form and all documentation to:  Email: Studentactivities@slps.org



SECTION D: School Approval

Principal's Name: _____

Principal's Signature: _____ Date: _____

SECTION E: For Central Office Use Only

Date Received	
Reviewed By	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason if Denied:
Account Code	
Amount Disbursed	\$
Date Processed	
Funds Available in Account	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Type: ☐ Check # _____ ☐ ACH ☐ Other _____

Authorized Signature: _____ Date: _____


Director Approval Signature: _____ Date: _____

REMINDER



Processing Time: 5-7 business days

Check pick up hours: 9a-5p

Submit form and all documentation to:  Email: Studentactivities@slps.org