



WEST HAVEN HIGH SCHOOL ACTIVITIES FUND

WEST HAVEN HIGH SCHOOL

WEST HAVEN, CT 06516

Check here

DEPOSIT

Teacher's Name: _____

Club, Class, or Activity: _____

Explanation: _____

Deposit Date: _____ Deposit Amount: _____

Signature: _____

Check here

REQUEST FOR PAYMENT

Teacher's Name: _____

Amount: _____

Make Checks Payable To: _____

Address: _____

From (Club, Class or Activity): _____

Explanation: _____

Date: _____ Signature: _____

Check Number: _____ Amount: _____ Balance: _____

	Approved	Not Approved	Signature
Activity Account Bookkeeper	<input type="checkbox"/>	<input type="checkbox"/>	_____
School Principal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please note, all three signatures required if account is overdrawn