

ATLANTIC COMMUNITY SCHOOLS

**REQUEST FOR PAYMENT**

**(Attach Documentation)**

**General Fund**

**Lunch Fund**

**Activity Fund**

\_\_\_\_\_  
Name of Activity or Department

\_\_\_\_\_  
Date

PAY TO: \_\_\_\_\_

(Name  
and  
Address) \_\_\_\_\_  
\_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Special  
Instructions: \_\_\_\_\_

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

Invoice No. \_\_\_\_\_

Account No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Signed: \_\_\_\_\_ (Sponsor of Activity or Dept.)

Approved by: \_\_\_\_\_ (Administrator)

**All requests must be received in Central Office by noon on Wednesday of the week prior to the board meeting.**