



Twelve Corners Middle School

**EXTRACLASSROOM ACTIVITIES FUNDS**  
**CHECK REQUEST**

Date \_\_\_\_\_

Check Payable To \_\_\_\_\_

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

To Pay For \_\_\_\_\_  
(original invoice or receipt must be attached)

Class/Club Name \_\_\_\_\_

\_\_\_\_\_  
Class/Club Treasurer

\_\_\_\_\_  
Check Date

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Chief Faculty Advisor



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