

Mason County Eastern Activity Account Check Request Form



Activity Account Name:

Activity Account Number:

Make Payable To:

Address:

City

State

Zip

Amount:

Invoice Number:

Description of Items/Services:

Make Selection*:

Check to be mailed to Vendor by date:

Check to be given to Advisor by date:

*Check runs are completed biweekly. Verify with business office for your check availability.

Advisor Name:

Advisor Signature: _____ Date: _____

Principal Signature: _____ Date: _____