

**ARLINGTON HEIGHTS SCHOOL DISTRICT 25**  
**Office of Assistant Superintendent for Business**

**ADMINISTRATION ACTIVITY FUND**

**REQUEST FOR PAYMENT**

Check #: \_\_\_\_\_

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

Make check payable to \_\_\_\_\_  
(name of payee)

Mail to payee at \_\_\_\_\_  
(complete address of payee)

Charge to \_\_\_\_\_ for \_\_\_\_\_  
(activity, grant, etc) (School)

<b>Purpose</b> _____	<b>\$</b> _____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL** \$ \_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Assistant Superintendent for Business

**Please attach all supporting documents.**