

Animas Public Schools

Request For Activity Account Withdrawal

Please acquire approval signature & submit to Kathy Johnson/Central Office on Monday. Checks will be available on Thursday.

DATE SUBMITTED: _____

CHECK TO BE MADE TO: _____
(Vendor)

Address: _____

CHECK AMOUNT: \$ _____

PURPOSE OF WITHDRAWAL: _____

ACTIVITY TO BE WITHDRAWN FROM: _____

SPONSOR REQUESTING WITHDRAWAL: _____

APPROVED BY: _____
(Principal/Superintendent)