FORT BEND INDEPENDENT SCHOOL DISTRICT
Activity Fund Order/Payment Request

FORM # AF-3
2026

Almeta Crawford HS _____ 018 _____ _____
Campus Name Campus Number Date

Account Name: _____ Account Number: _____

Has a Fundraiser/Travel Request been submitted?

Fundraiser ID _____ Travel ID _____ Travel Docs N/A _____ No _____ Yes _____

Payee: _____ Amount: _____

Address: _____

Payment Description: _____

Sponsor: _____ _____
Sign Name Print Name

Account Balance (Required) _____ Principal's Signature: _____

I certify that, to the best of my knowledge, this campus organization has sufficient funds to cover this payment request.

Note : Attach the order details or invoice.

Student Activity Fund requisitions must include approved meeting minutes and any other supporting documentation.

FOR EA/BOOKKEEPER'S USE ONLY:

P-Card No _____ Yes _____ Reconciled Date: _____

Vendor ID#_____ Category Code: _____

Requisition#_____ PO#_____ Receiving/Receipt# _____ Voucher# _____

Date of Payment: _____ Check# _____

For FBISD Inter-campus payments:

Use if this payment is going to another FBISD school or department using a journal entry rather than by check (voucher).

									465 AF Accounts Only			
Pay From:												
	Fund	Func	Obj	SubObj	Org	Year	Prog	BMgr	PC Unit	Project	Activity	Principal's Signature
Pay To:												
	Fund	Func	Obj	SubObj	Org	Year	Prog	BMgr	PC Unit	Project	Activity	Name of Account

Notes:

Please complete this request electronically to ensure legibility with original signatures only. Stamped signatures will not be accepted.