Check Request Form

From:	Date:

Department:	Box #:	Ext# :

Charge the expenditure to account:

Account Name/Number:	$

** If any payee is providing services at a discounted rate, the gift in kind form must be attached**

PAYEE 1:

Name:	Amount: $

Purpose (describe fully and attach all documentation, receipts, invoices etc):

PAYEE 2:

Name:	Amount: **$**

Purpose (describe fully and attach all documentation, receipts, invoices etc):

PAYEE 3:

Name:	Amount: $

Purpose (describe fully and attach all documentation, receipts, invoices etc):

All checks are returned to the requestor

☐ Send by mail to:	Box #:
☐ Hold for pickup. Call:	Ext:

Authorized by:

** My signature certifies that these expenses are valid according to policies **

Name Printed:

FOR FOUNDATION USE ONLY:

Code	Amount	
		Date Mailed:
		Signer authorized:
		Balance:
		Check #:
		Check Date:

All expenditures must comply with the charitable purpose intended by the donor. All expenditures should be supported with documentation such as receipts or invoices. Original receipts should be submitted: not photocopies. Signers: Payment must be approved by an authorized signer on each account. A list of authorized signers must be on file at the Foundation. Expenses cannot be approved by the person being paid (payee of the check). Only original signatures will be accepted; no signature rubber stamp may be used**.**