

CHECK REQUEST FORM

Submit this form with all receipts and invoices to the Friends of South High Foundation Office!

Requested by (person): _____

Signature of requester: _____

Date of request: _____

Vendor invoice(s) #: _____

Vendor invoice date(s): _____

Grant name and number if this payment is funded by a grant _____

Due date to receive payment: _____

Description of Expense:	<p>Amount of Check: \$ _____</p>
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Make Check Payable To: (This will appear on the Check)

Name/Company: Address: City, State & Zip:	
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Check here if payment check should be sent to an address different from above and attach mailing address!

SHF Authorized by: _____ **Date:** _____

_____ Entered Grants Tracking