

**LOCAL SCHOOL FOUNDATIONS CHECK REQUEST**

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

School: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**This is required if payment goes to individual for services rendered (ie. auctioneer, musician, etc.)**

Amount: \_\_\_\_\_

Description of Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foundation Treasurer  
Signature: \_\_\_\_\_  
(Required)

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Coding Information:  
(for use by Foundation)

A/P Acct.	Description	GL Acct.	Amount