



EDUCATIONAL FOUNDATION

CHECK REQUEST and ALLOCATION FORM
2016 - 2017

IMPORTANT!

- Attach documentation such as invoices or receipts to this form.

Date of request:

Date needed:

Requestor: \_\_\_\_\_

Amount:

Reimbursement to Individual or Direct Pay via Invoice: \_\_\_\_\_

Description of expenditure: \_\_\_\_\_

To Whom Shall the Check Be Issued

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Send Check To (if different than above)

Name: \_\_\_\_\_

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

SEND OR E-MAIL THIS FORM TO:

Peter Bullen
490 Laurelbrook Dr.
Chagrin Falls, OH 44022
pkbullen64@gmail.com

INTERNAL:

Approved by: 1) \_\_\_\_\_ Date \_\_\_\_\_

2) \_\_\_\_\_ Date \_\_\_\_\_

Invoice # \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_