



**SALT LAKE
EDUCATION
FOUNDATION**

DATE RECEIVED BY FOUNDATION

CHECK REQUEST Form

**BEFORE MAKING ANY PURCHASE OR COMMITMENT, CONTACT SLEF TO VERIFY FUNDS ARE AVAILABLE.
THE FOLLOWING EXPENDITURE COMPLIES WITH THE CHARITABLE PURPOSE OF THE DONATED FUNDS BEING USED.**

Check Requested By: _____ Phone Number: _____

School / Program: _____ Date: _____

Pay to the order of: _____

Address: _____

City: _____ State: _____ Zip: _____

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

CHARGE THIS EXPENDITURE TO ACCOUNT(S):

Foundation Account Name/Number: _____ \$ _____ sub total \$ _____ tax

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No payment may exceed \$750.00 without prior approval.

All receipts must be submitted within 90 days of purchase and if dated prior to 6/30 must be turned in by 7/15, or they may not be reimbursed.

TOTAL REQUEST AMOUNT \$ _____

Hold for pick up & call: _____ Mail to above address

Reviewed by (department supervisor): _____ Date: _____

Reviewed by (school administrator): _____ Date: _____

Authorized by (project manager): _____ Date: _____

PAYEE IS: 1. Individual:

Contract Service (if the payee is a district employee, please use a district payroll form) SLCSD Employee ID/SSN: _____

Reimbursement (attach original receipts within 90 days of purchase)

Grant/Scholarship Grant/Scholarship Title: _____

2. School or Department (originals remain at school)

Reimburse school check number(s): _____

Deposit in district account number: _____ to cover PO number: _____

3. Vendor (attach invoice or pre-billing):

EIN: _____

FOUNDATION AUTHORIZATION: _____

Michael L. Williams, Executive Director, Salt Lake Education Foundation

Date: _____

Check #: _____

Mailed: _____

Picked up: _____