



## Check Request Form

Checks will only be issued upon completion of this form. Forms are to be submitted either through email ([FriendsofIngrahamHS@gmail.com](mailto:FriendsofIngrahamHS@gmail.com)) or to the FOI mail box in the main office at school. Checks are cut once a week; then mailed or distributed to the school mailboxes.

- Attach all receipts to this form for any purchases.
- Attach all invoices and copies of signed contracts, if applicable.
- Please submit within 30 days of expenditure.

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

Payee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of check requested: \$ \_\_\_\_\_

FOI Grant Cycle

October  December  February  April  Year: \_\_\_\_\_

Name of Grant: \_\_\_\_\_ Club \_\_\_\_\_ Class/Dept \_\_\_\_\_

Is this the full amount of Grant or partial reimbursement? Full  Partial

FOI Budgeted Expense Reimbursement

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

Signature of person requesting check: \_\_\_\_\_

Where to send check:

1. Put check in staff school mailbox: \_\_\_\_\_

2. Mail check to: \_\_\_\_\_

3. Other (example: Will pick up during FOI meeting, Leave with Jane Doe, Put back in FOI school mail box): \_\_\_\_\_

### FOI Internal Use Only

Acct Notes: \_\_\_\_\_

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

\_\_\_\_\_

Check Number: \_\_\_\_\_

Check Signer/(s)Approval: \_\_\_\_\_