



EVANSDALE
education foundation

REQUEST FOR CHECK

Date of request _____

Person requesting _____

Phone # _____ Email _____

Make check payable to _____

Amount of check \$ _____

Where to send check _____

Purpose _____

Signature of requester _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses.

EEF TREASURER'S USE ONLY

2 of 3 signatures required

President _____ Date _____

Secretary _____ Date _____

Treasurer _____ Date _____

Charged to what budget item _____

Date issued _____ Check number _____

Comments _____

Date Cleared _____

Comments _____