



Portland Schools Foundation

## Local School Foundation **Check Request Form**

This form is for **DIRECT PAYMENT** to vendors. This is **NOT** for reimbursement.

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

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

Liaison: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Vendor (Check Payable To): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ *(This is required if payment goes to individual for services rendered ie: auctioneer, musician, etc.)*

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization:

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*BOTH signatures are required for approval. ORIGINAL invoices are required for payment.*

PSF Approval \_\_\_\_\_