



Portland Schools Foundation

Check Request Form

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

School: _____

Liaison: _____ Daytime Phone: _____

Vendor: _____

Check Payable To: _____

Address: _____ 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: _____

Budget: _____

Category: _____

Authorization:

Treasurer Signature

Chair Signature

Printed Name

Printed Name

Date

Date

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

Date Submitted: _____