

Encinitas Educational Foundation

CHECK REQUEST

Amount _____ Date Needed _____

Payee _____

Address _____

Phone _____

Vendor TIN (if over \$600 and also fill out W-9 form): _____

Mail check to payee

Contact Rep when check is ready

Charge against the following:

General EEF Fund – Major Grant

General EEF Fund – VAPA

General EEF Fund – Mini Grant

School Contribution

Charge to Event Name or General Budget Line Item: _____

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Reason for Check Request _____

Requested by _____ School _____

Phone: _____ Date: _____

EEF School Rep's Signature Required: _____

Rec'd Date: _____ Treasurer's Initials: _____

**Requester to keep a copy
Submit Original to EEF Treasurer**