CHECK REQUEST FORM

Name of Employee or Volunteer requesting check: _____

Fund: ❑ Annual/Operations
       ❑ Capital Asset

QuickBooks Memo—this will be used for: _____

Release: ❑ Mail to Recipient   ❑ Leave in my mailbox for personal delivery   ❑ Other / Note: _____

           ❑ Verify completion of work/receipt of item(s) before release   ❑ Pre-registration required   ❑ Work is complete / item has been received

Supporting Documentation: ❑ Purchase Order attached ❑ Contract/Agreement attached ❑ Registration Form attached

Scheduled date for event, completion of work or receipt of item ordered _____

Date check needed	Make check out to Name and Address	For Purchase of (include copy of p.o. or registration form to be enclosed with payment and copy filed)	Budget Account (leave this blank if you are not sure)	Amount
			Total Check Amount	$

Three Cedars Waldorf School

556—124th Avenue NE, Bellevue, WA 98005
t. 425.401.9874   f. 425.865.9093
e. info@threecedars.org
http://www.threecedars.org
Non-profit, independent school
501(c) (3)

Signature of individual requesting check	**Date request submitted**

Budget Acct confirmed by	Title	Date

Bookkeeper please note: