



Check Request / Recommendation from a Fund

Date

Amount Requested

Name of Fund

Make Check Payable to

Address 1

Address 2

City, State, Zip

Purpose of Expenditure

Recommendation Made By:

Fund Advisor Signature _____ Title _____

Fund Advisor Signature _____ Title _____

- Two signatures are required. The signatures must match those provided on the Signature Sheet.
- Distributions may NOT be used to fulfill pledges or to secure benefits from the payee, such as membership dues.
- Distributions may NOT be made to individuals for reimbursements.
- Distributions for the purpose of reimbursements to organizations must include complete documentation, including invoices and/or receipts attached to this form.
- Distributions are generally processed on Fridays. This form must be received in the Community Foundation office by 4:00 pm the day before processing.
- Occasionally it is necessary to process distributions on a different day than Friday. In the event of a time-sensitive distribution, you may call the Foundation office to determine when distributions will be processed on a week-to-week basis, and when the form must be received to be included in the process.
- No greater than twelve distributions shall be permitted without charge per fiscal year (July through June). Distributions in excess of twelve shall be subject to a \$5 charge per check written.

Office Use Only: Ratified by Board of Directors on _____