



2023-24 Check Request Form

DIRECT PAYMENT to vendors; NOT for reimbursement requests.
 Email completed form to info@fundforpps.org.

School Name: _____

Vendor (Check Payable To): _____

Vendor Contact Name: _____ Phone: _____

Vendor Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Foundation Contact Person: _____ Phone: _____

Invoice Date	Invoice Number	Description	Amount	Name of Fundraising Event
Total:				

Authorization: Two signatures (wet or digital) are required.

 Treasurer or Principal Signature

 Chair or Principal Signature

 Printed Name, Title

 Printed Name, Title

 Date

 Date

For Fund for Portland Public Schools Office Use Only			
Received by:		Date:	
Approved by:		Date:	