|  |  |
| --- | --- |
| **For office use only** | |
| **Chk #** |  |
| **Account** |  |
| **Class** |  |
| **Amount** |  |

**Check Request Form**

Date of request: Click here to enter text.

Fund from which check is to be drawn: Click here to enter text.

Check made out to: Click here to enter text.

Amount of check: Click here to enter text. *(Minimum amount of $50 unless requesting account’s balance is less than $50\*)*

Date needed *(please allow 5-7 business days)*: Click here to enter text.

Check sent to whom? (Include name, address, email, and contact phone number) *(Examples: Treasurer, Vendor, School)*

Signature of Account/Club Authorized member Date

Signature of person requesting check Date

Please attach invoices/receipts – ***REQUIRED***

\*Please accumulate receipts until you have at least $50 for the check request. If you are requesting the full amount from the account, it can be less than $50.

Submit request form to:

Christy Jensen

Fridley Schools Foundation

6085 7th Street NE, Fridley, MN 55432

Christina.jensen@fridley.k12.mn.us