

# BERKELEY HIGH SCHOOL DEVELOPMENT GROUP CHECK REQUEST FORM

1. **FILL OUT, SIGN and DATE** this form, making sure to include the account numbers requested below (when known)
2. **Attach ORIGINAL receipts or invoices (Invoices for services must include the service provider's Tax I.D./SSN)**  
Each request must include sufficient supporting documentation to show proper use of donor funds.
3. **Have the form signed by:** the Grant Project Director for grants; the Lead Teacher/Department Chair for program accounts; BHSDDG Board Member for BHSDDG operating expenses.
4. **Submit the form and backup paperwork to BHSDDG** via the Development Group box in the BHS mail room or by mailing to: Berkeley High School Development Group, Attn: Check Requests, P.O. Box 519, Berkeley, CA 94701-0519.  
Check requests can take up to 2 to 4 weeks to process.
5. **Questions?** Contact [treasurer@bhsdg.org](mailto:treasurer@bhsdg.org) or leave a voicemail at **(510) 464-1181**.

**Requested Check:**

Amount: \$ \_\_\_\_\_ Name of Payee: \_\_\_\_\_

**Check Delivery (select one):**

- Deliver to Requester's BHS mail box (available only during the regular academic year)
- Send by First Class Mail to (provide address and phone for all service providers, even if delivery is to BHS)

**Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Account to be Charged (check one and fill in all details):**

- BHSDDG Grant Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Do you expect to submit additional check requests under this grant?  Yes  No
- Department/Program Name: \_\_\_\_\_ Number: \_\_\_\_\_
- BHSDDG operating expenses -- specify the BHSDDG event/activity: \_\_\_\_\_
- Scholarship/Memorial Fund/Other – Name and Account Number: \_\_\_\_\_

**Describe the Expense(s) Covered by this Request and its Program/Grant purpose:**

\_\_\_\_\_  
 \_\_\_\_\_

REQUESTER	APPROVAL
Requester Signature _____ Date _____ Requester Name Printed _____ Email: _____ Phone: _____	Approval Signature _____ Date _____ Approval Name Printed _____ Email: _____ Phone: _____

*\*By signing this form, you authorize payment from the designated account and certify that the purchase or expense is for the benefit of the Berkeley High School program associated with the designated account and is not being paid or reimbursed from any other source. For Grant accounts, the check request is to have the approval signature of the Project Director. For program accounts, the check request is to have the approval signature of the Lead Teacher, Department Chair, or Administrator responsible for the account.*

**FOR BHSDDG USE ONLY**

Date received: _____	Charge Acct # _____	Authorized by: _____
Check No. _____	Check Date: _____	Check processed by: _____
<input type="checkbox"/> Not approved/Action taken: _____		