

BERKELEY HIGH SCHOOL DEVELOPMENT GROUP CHECK REQUEST FORM

1. **FILL OUT, SIGN and DATE** this form, making sure to include the account names 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; BHSDG Board Member for BHSDG operating expenses.
4. **Submit the form and backup paperwork to BHSDG** in an envelope, via the Development Group box in the BHS mailroom 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 2-4 weeks to process.
5. **Questions?** Contact treasurer@bhsdg.org

Requested Check:

Amount: \$ _____ Name of Payee: _____

Check Delivery (select one):

- Deliver to Requester's BHS mailbox (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: _____

Fund to be Charged (check one d fill in all details):

- BHSDG Grant Funds** Name: _____
- BHS Dept/Program Funds** -- Name: _____
- BHSDG Operating Expenses** -- Specify the BHSDG event/activity: _____

Describe Expense(s) Covered by this Request and its Program/Grant purpose (in detail for dept/program funds):

REQUESTER	APPROVAL (REQUIRED FOR REQUESTS FOR AMOUNTS OVER \$100 OR ANY AMOUNT WHERE REQUESTER IS ALSO PAYEE)
Requester Signature _____	Approval Signature _____
Requester Name Printed _____	Approval Name Printed (Lead Teacher or Vice Principal) _____
Date: _____	Date: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

**By signing this form, you authorize payment from the designated account and certify 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. Grant funds requests are to be approved by the Project Director. Program funds requests are to be approved by the Lead Teacher, Department Chair, or Administrator responsible for the account.*

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