

# 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. Amazon receipts must show items have "Shipped." Please also make copies of receipts for your records.
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** 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@bhsddg.org](mailto:treasurer@bhsddg.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 and fill in all details):**

- BHSDDG Grant Funds Name: \_\_\_\_\_
- BHS Dept/Program Funds -- Name: \_\_\_\_\_
- BHSDDG Operating Expenses -- Specify the BHSDDG 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)
<p>Requester Signature _____</p> <p>Requester Name Printed _____</p> <p>Date: _____</p> <p>Email: _____</p> <p>Phone: _____</p>	<p>Approval Signature _____</p> <p>Approval Name Printed (Lead Teacher or Vice Principal) _____</p> <p>Date: _____</p> <p>Email: _____</p> <p>Phone: _____</p>

*\*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 BHSDDG USE ONLY**

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