

BERKELEY HIGH SCHOOL DEVELOPMENT GROUP (BHSDG) CHECK REQUEST FORM

1. **FILL OUT, SIGN and DATE** this form, making sure to include the fund names requested below (when known).
2. **Scan or Attach ORIGINAL receipts or invoices (invoices for services must include the service provider's Tax I.D./SSN).**
 - a. Each request must include sufficient supporting documentation to show proper use of donor funds.
 - b. Amazon receipts must show items have "Shipped."
 - c. Please also make copies of receipts for your records.
3. **Submit the form and backup paperwork to BHSDG** in one of these ways:
 - a. Via **Email** to treasurer@bhsdg.org
 - b. In an **envelope**, via the Development Group box in the **BHS mailroom**
 - c. Or by **mailing** to: Berkeley High School Development Group, Attn: Check Requests, P.O. Box 519, Berkeley, CA 94701-0519.
4. Check requests can take up to 2-4 weeks to process. Contact treasurer@bhsdg.org with any questions.

Requested Check Information:

Amount: \$ _____ Name of Payee: _____

Should we deliver the check to (select one):

- Requester's BHS mailbox (available only during the academic year when school is open)
- Send by Mail to:
- Name: _____
- Street: _____
- City, State, Zip: _____
- Phone: _____

Fund to be Charged (check one and fill in specific details):

- BHSDG Grant Funds *Fund name:* _____
- BHS Dept/Program Funds *Program name:* _____
- BHSDG Operating Expenses *Event/Activity name:* _____

Description of expense(s) that will be covered by this request and the Program/Grant purpose:

IMPORTANT !!! PLEASE READ: 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.

REQUESTER INFORMATION:	APPROVAL INFORMATION: <small>(REQUIRED FOR AMOUNTS OVER \$100 OR ANY AMOUNT WHERE REQUESTER IS ALSO PAYEE)</small>
Requester Name: _____	Approval Name: _____ <small>(Lead Teacher or Vice Principal)</small>
Requester Signature: _____	Approval Signature: _____
Email: _____	Email: _____
Date: _____	Date: _____
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.*

FOR BHSDG USE ONLY		
Date received: _____	Charge Acct #: _____	Authorized by: _____
Check #: _____	Check date: _____	Check processed by: _____
Action taken / Not approved: _____		