

Seattle Milk Fund CHECK REQUEST

General Instructions:

- All Payments by SMF will only be made when accompanied by this form. This is **necessary** to meet generally accepted accounting procedures and be ready for annual audits.
- Checks will be written weekly. Requests received by Thursdays will generally be processed, signed and mailed by the following Tuesday.
- All Receipts or Invoices for Reimbursements or Vendors must be attached to this form.
- Childcare Check Requests must include the Childcare Center's License Number and Tax ID Number.
- Education Check Requests must include the Student ID number.

Date: _____ Check Amount \$ _____

Payee:	TIN (If Needed):
Payee Address:	Lic# (Childcare Only):
	Student ID #s (Required for Education):
Payee Contact:	

Payee Status:	Payment Type:	Fiscal Year:
<input type="checkbox"/> SMF Member	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> 2007-2008
<input type="checkbox"/> College	<input type="checkbox"/> Grant Award (for Education and Childcare)	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Childcare Center or Preschool	<input type="checkbox"/> Meeting Fees or Store Revenue to Circle	
<input type="checkbox"/> Vendor	<input type="checkbox"/> Payment for Goods or Services	

Notes: _____

For _____	Account Code _____	Amount _____	
For _____	Account Code _____	Amount _____	
For _____	Account Code _____	Amount _____	
For _____	Account Code _____	Amount _____	

() Mail to Requestor

() Mail Check to Payee

Requestor Signature: _____
 Requestor Printed Name: _____

Approver Signature: _____
 Approver Printed Name: _____

(Executive Committee Member or Office Manager (except for payments to Office Manager))

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