



SCHOOL-WIDE GRANT FINANCIAL TRANSACTION FORM

Today's Date: _____ Your Name: _____ Phone: _____

Email: _____ School: _____

CHECK REQUEST

FILL OUT ALL SECTIONS- BLANK SECTIONS WILL SIGNIFICALLY DELAY TRANSACTION PROCESSING.

Name of Payee: _____

(Vendor/Organization/Person to make check payable to.)

Payee

Address: _____

Amount Requested: \$ _____ Date Check is Needed: _____

Fund Name	Purpose	Amount
Teacher Grant		
TOTAL CHECK AMOUNT:		\$

Please attach invoice or receipt

Checks for services require the vendor to have a W-9 form on file at PEF. A link to this form is available on our website.

Please send check to:

School Site Payee Address Hold for Pickup

AUTHORIZATION SIGNATURES

The undersigned warrants and represents that he/she is an authorized signatory for the fund(s) subject to this financial transaction form and that this request has been duly authorized.

Principal Signature

Print Name

Date