

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

Email: _____ School or District Department: _____

DEPOSIT

Fund Name: _____

Source of Funds: _____

(e.g., Donations, ticket sales, auction payments, yearbook, etc.)

# of Checks or CC Transactions (i.e. 3)	Transaction Type	Amount
N/A	Cash	
	Checks	
	Credit Card Charges	
TOTAL DEPOSIT AMOUNT (CHECKS + CASH + CC) :		\$

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: _____
(Please attach invoice or receipt.)

Fund Name	Purpose <small>(i.e. Reimbursement, Materials, Services, etc.)</small>	Amount
TOTAL CHECK AMOUNT :		\$

Please send check to:

- School Site
- Payee Address
- Hold For Pickup

Contact Info: _____

★ **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.** ★

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.

Program Director Signature *Print Name* *Date*

Additional Signature required for Annual Funds:

Annual Fund Chair Signature *Print Name* *Date*