

Circleville City School Foundation

Enriching Educational Opportunities

Payment Request Form

Today's Date: _____ Requested by: _____

Purpose:

Vendor/Payee Name: _____ Amount: _____

Address: _____

Check which option(s) apply:

Does this request require funds to be transferred? If so, please provide the following information:
Account to Transfer From: _____
Amount: _____
Account to Transfer To: _____
Amount: _____

This request will be paid by CCS via the CCSF Grant Account.

This request does not require CCSF Board approval as money is approved by another party. If so, please provide name of who is responsible and the date they approved this request.

Name: _____ Date: _____

Check which payment option apply:

Normal Check processing is acceptable. Allow 7-10 business days from CCSF Board approval, for check to be written, signatures obtained, and mailed.

Special RUSH Check processing. Allow 48 hours from CCSF Board approval, for check to be written, signatures obtained and mailed.

Payment Request Form and Copy of Invoice/Billing Document should be emailed to:

Tonja.mobile@gmail.com, 48 hours prior to CCSF Board Meeting.

Project Chairperson Authorization: _____

APPROVAL INFORMATION:

Date approved: _____ Motion by: _____ 2nd by: _____