

# 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: \_\_\_\_\_ 2<sup>nd</sup> by: \_\_\_\_\_