



# Valley Center High School Foundation

PO Box 1029  
Valley Center, CA 92082



## \*\*\* CHECK REQUEST \*\*\*

**\*\* Allow 2 weeks (minimum) for processing \*\***

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This is you, the person requesting the check be issued

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
Yours, the requestor Yours, the requestor

**Group name** \_\_\_\_\_  
e.g. Drama, Swim, AVID, Boys Golf (there's no distinction between varsity, JV & frosh, enter sport & gender)

**Check amount:** \_\_\_\_\_ **Purpose of payment:** \_\_\_\_\_  
e.g. travel to tournament, snack bar supplies, etc

**Items purchased:** \_\_\_\_\_  
e.g. snack bar food, tournament entry fee, production music scores, year end awards, event decorations , etc

**Check payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Check one =>** \_\_\_\_\_ **Reimbursement** \_\_\_\_\_ **Bill**

### Important - to avoid delays in processing your request, please:

1. Fill form out completely and legibly
2. Ensure approvals (below) are complete prior to submitting request to Foundation
3. Attach **original receipt** for reimbursements, or **invoice** for bill to be paid directly to vendor
4. Verify adequate funds are available? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **APPROVED BY:**

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(varsity head coach, club/activity advisor, etc)

**Administration:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(All sports => Athletic Director \*\*\* Clubs, arts, etc =>Principal)

**For Foundation Use Only => Date Received:** \_\_\_\_\_



**Questions?? Call Cristi Ashline at 619-315-6760 or email -cristi.ashline@gmail.com**