Shawnee Mission Education Foundation
Request for Special Project Account Disbursement (Check Request)

(1) Date _____ (2) Submitted by: _____

(2) Fund Name: _____

(3) Fund committee if applicable: _____

(5) Amount Requested: _____ RECEIPT AND/OR DOCUMENTATION MUST BE ATTACHED FOR REIMBURSERMENT

(6) Items purchased/purpose:

_____

_____

_____

(7) Handling instructions: Please check one for method for delivery desired.

Mail Pick up at SMEF office (a SMEF representative will call when check is prepared.)

(8) Check payable to: _____ Phone: _____

(9) If check is to be mailed, please list the exact mailing address of payee.

_____

_____

_____

_____

(10) **AUTHORIZATION –** Authorization must be provided by fund administrator/officer.

_____ _____ _____

Signature Office Date

Mail this form and receipts and/or documentation to:

Shawnee Mission Education Foundation, 7235 Antioch, Shawnee Mission, KS 66204

OFFICE USE ONLY

Date Received: _____

Check Number: _____

Amount Paid: _____

Date Paid: _____