

Portland Public Schools Foundation

a division of **all hands raised**



Check Request Form

DIRECT PAYMENT to vendors; NOT for reimbursement.

Questions: Contact Rosemary Schwimmer at rosemary@allhandsraised.org, 503-234-5404.

School Name: _____

Vendor (Check Payable To): _____

Vendor Contact Name: _____ Phone: _____

Vendor Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Foundation Contact Person: _____ Phone: _____

Invoice Date	Invoice Number	Description	Amount	Name of Fundraising Event
Total				

Authorization:

Treasurer or Principal Signature

Chair or Principal Signature

Printed Name

Printed Name

Date

Date

PPSF Approval: _____

Date: _____