



2018-19 Check Request Form

DIRECT PAYMENT to vendors; NOT for reimbursement.

Questions: Contact Wendy Tworivers at wendy@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: Two signatures are required.

Treasurer or Principal Signature

Chair or Principal Signature

Printed Name

Printed Name

Date

Date

PPSF Approval: _____ Date: _____

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All Hands Raised provides fiscal oversight and program management services for the Portland Public Schools Foundation.