

	Payment Request Form	Oak Hills Educational Foundation
--	----------------------	-------------------------------------

Person Requesting Check \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Event/Activity \_\_\_\_\_

Date of Event/Activity \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Write Check To:**

Person/Company \_\_\_\_\_

Address \_\_\_\_\_  
City
State
Zip

- S** - Science      **T** - Technology      **E** - Engineering      **A** - Art      **M** - Math  
**GN** - General/Admin      **FR** - Fundraising

Expense Category	Store/Vendor Name	Description	Amount \$
<b>Total:</b>			\$ -

**Attach ALL invoices, statements, & receipts**  
 (Please keep personal purchases separate from Foundation purchases)

**Approved by:**

\_\_\_\_\_      \_\_\_\_\_  
Board Member Signature
Treasurer's Signature

For Treasurer's Use Only	
Date _____ Check # _____	Expense Category _____
c Receipt Attached	c Invoice Attached