



SAN FRANCISCO SCHOOL ALLIANCE

CHECK REQUEST

- Please send via postal mail to SFSA, 114 Sansome St., Suite 800, San Francisco, CA 94104
SFSA must receive by Friday for next Friday payment
Please attach all original vendor invoices and/or receipts to this form
Incomplete and/or faxed Check Request Forms will be returned for resubmittal

Table with columns: Account Number, Department, Program Code. Includes categories like Fiscal Agent Activities, Office Supplies, Workers Compensation, etc.

Payable to: .....

Address: .....

Social Security #: .....

Purpose of Expense: .....

Requested by: ..... Print Sign Date

Approved by: (SFSA staff) ..... Print Sign Date

IMPORTANT - Please check all that apply:

- checkbox New Vendor
checkbox Address Change
checkbox Hold for Pick-Up

Check Amount:

Input field for check amount with a dollar sign symbol.