



# Riverside Educational Enrichment Foundation Financial Transaction Form

## CHECK REQUEST

PLEASE ALLOW **10** BUSINESS DAYS FROM RECEIPT FOR CHECK  
USE A SEPARATE FORM FOR EACH TRANSACTION

Today's Date:

Name:

Phone:

Email:

School:

Fund Name:

### CHECK REQUEST

FILL OUT ALL SECTIONS – BLANK SECTIONS WILL SIGNIFICANTLY DELAY TRANSACTION PROCESSING.

Name of Payee:

Payee Address:

Amount Requested:

Date Check is Needed:

Purpose:

(Example: Reimbursement, Materials, Services, etc.)

**\*Checks for services require the vendor to have a W-9 form on file with REEF. A certificate of insurance MAY be required. A link for W-9 form is available on our website.\***

### AUTHORIZED SIGNATURES

The undersigned warrants and represents that he/she is an authorized signatory for the fund(s) subject to this financial transaction form and that this request has been duly authorized.

School Fund Program Director signature

Print Name

Date

Additional School Fund board signature

Print Name

Date

REEF signature required for School Funds:

REEF Executive Director or President Signature

Print Name

Date

### RETURN THIS FORM TO:

RIVERSIDE EDUCATIONAL ENRICHMENT FOUNDATION • 3380 14<sup>TH</sup> ST. • RIVERSIDE • CA • 92501  
or email form to [BWIEGAND@REEF4RUSD.ORG](mailto:BWIEGAND@REEF4RUSD.ORG)