

## Check Request Form

**Organization:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**This check request is for:**

Payment of an invoice - *see attached invoice(s)*

Reimbursement request - *see attached receipt(s)*

Accompanying documentation is required for processing.  
Checks will be dispersed upon verification of available funds.

**Check Delivery:**

Mail via USPS

Place in SEUL mailbox \_\_\_\_\_

Hold for pickup during SEUL's office hours  
(Tu-Th 10-5, excluding federal holidays)

**Make check payable to:** \_\_\_\_\_

**Mailing Address**

**Street Line 1:** \_\_\_\_\_ **Street Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Expense Detail**

**Amount:** \$ \_\_\_\_\_ **Funding Account (e.g. General, Grant):** \_\_\_\_\_

**Memo (expense description):** \_\_\_\_\_

**Tax Forms**

**W-9 included:** Required for \$600+ within a calendar year to an individual or organization

**W-9 already on file:** Previously submitted; no updates to tax information (name, ID, mailing address)

**W-9 not required**

**Authorization**

The Principal Coordinator's signature is always required. E-signatures are sufficient.

For reimbursements made payable to the Principal Coordinator, an additional authorized individual's signature is required.

\_\_\_\_\_  
Principal Coordinator Name - Required

\_\_\_\_\_  
Additional Authorized Individual Name (if applicable)

\_\_\_\_\_  
Principal Coordinator Signature - Required

\_\_\_\_\_  
Additional Authorized Individual Signature (if applicable)

**For office use only (to be completed by SEUL staff)**

Expense Account \_\_\_\_\_ Program # & Name \_\_\_\_\_ Staff Initial \_\_\_\_\_

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