

CHECK REQUEST FORM

TO: ACTION FOR HEALTHY KIDS
4711 W. Golf Rd. Suite 806
Skokie, IL 60076

Fax: 847-329-1849

Submitted by: _____ State Team: _____ Date Submitted: _____

Team Position/Title: _____ Phone: (_____) _____

TYPE OF REQUEST (check one): Direct payment to third party (attach invoice)
 Cash Advance payment

AMOUNT \$ _____ (attach invoice and/or receipts)

Notes: (1) If you request an advance payment, please provide a completed Cash Advance Report Form with supporting receipts (hard copies) within 60 days after you receive the advance.

(2) Social Security number is required for payments of \$600 or more to any un-incorporated contractor or individual (e.g. honorarium paid to a speaker, etc.).

Please issue check payable to:

NAME: _____

ADDRESS: _____

City/State/Zip: _____

Phone: (_____) _____

SPECIAL INSTRUCTIONS: (Note: payment will be sent to payee indicated above unless otherwise noted.)

DESCRIPTION of EXPENDITURE and PURPOSE: _____

Please indicate how your State Team members were notified of the expenditure (e.g., via phone, meeting discussion or mail): _____

Authorized State Team Member Signature: _____

(Note: If the check is to be made payable to a State Team Member, a different State Team Member must sign the Check Request Form)

| AFHK OFFICE USE ONLY | Invoice Number | Invoice Date |
|----------------------|----------------|--------------|
|----------------------|----------------|--------------|

AFHK APPROVAL: _____ CHECK # _____

Accounting APPROVAL: _____ DATE ISSUED: _____