

INSTRUCTIONS FOR CHECK REQUEST

Complete the BCSD Educational Foundation Check Request Form located on the Educational Foundation web page under *Forms* at <http://bcsd.com/communitypartnerships/forms>. Follow the instructions listed below and submit the completed and signed request to the BCSD Educational Foundation, attention Ernest Garcia-Diaz, at the Education Center (1300 Baker Street, Bakersfield, CA 93305).

- √ **Date of Request:** The date submitting request.
- √ **School/Site:** Print the name of the School or Department making the request.
- √ **Person Making Request:** Name of the person requesting the check or distribution of funds.
- √ **Purpose for Request:** What are the funds being used for? Teacher incentives, student incentives, or material needed for a grant project, etc.
- √ **Requestor Phone Numbers:** Cell phone, work phone, and home phone numbers for the requestor so that they can be reached.
- √ **Amount of Request:** Write in the exact amount that you are requesting. This amount must match the amount of any invoices or receipts. If submitting more than one invoice or receipt, please attach an adding machine tape backup to confirm total amount. If more than one check is being requested, fill out one form for each check.
- √ **Funding Source:** The funding source is the name of the company or person that donated or awarded the money to the requestor, i.e., BCSD Foundation Mini Grant, Chess Grant, Aera, Chevron, Target, etc.
- √ **Title of Grant:** Make sure to use the same name as on the submitted grant application.
- √ **Check Information:** Complete information; who will receive the check.
- √ **Pay to the Order of:** Print the name of the check recipient. Complete all the requested information. All information is necessary in order to process the request.
- √ **Signature Section:** The requestor or grant recipient needs to sign the request along with their principal or department head before the distribution form can be submitted for processing. The “Requestor” and the “Approved by” should be the signatures of two different people.

Every attempt will be made to complete all requests in a timely manner. Please allow ten business days for completion.

If you have any questions please contact Lisa Hart in the Office of the Chief Business Official at extension 14678.

NOTE: If you are ordering from an out of state vendor and sales tax is not calculated into your “Amount of Request,” appropriate sales tax will be deducted from your funding source and will be paid directly to the CA State Board of Equalization. If funds are not available for sales tax, you will be notified that your order will not be placed until funds are available.

Bakersfield City Schools Educational Foundation Check Request

For Check Requests to be processed in a timely manner, please make sure this form is completed correctly and original receipts, invoices and/or order forms are attached. Requests will not be processed without the required documentation. **Proof of payment is required for all reimbursements.** If you have any questions please call Ernest Garcia-Diaz at extension 14678. (Please allow 10 business days for processing.)

Date of Request _____

School/Site _____

Person Making Request _____

Purpose for Request _____

Requestor's Phone #(s) _____

Amount of Request _____

Funding Source _____

(i.e. Student Achievement, Technology, Mini Grant, Aera, Target, etc.)

Title of Grant _____

(Only applies to Student Achievement or Mini Grant Requests)

Check Information:

Pay to the Order of: _____

Address _____

Street

City

State

Zip

Authorization:

Requestor Signature _____

(Signature other than Principal/Dept. Head)

Approved by Principal/Dept. Head _____

Approved by BCSD Communications Manager _____

Ordering from a Vendor?

In order for your materials to be ordered and delivered in a timely manner, please complete the Delivery Details form below and include it with your check request and other documentation. – Thank you

**Bakersfield City School District - Educational Foundation
1300 Baker Street
Bakersfield, CA 93305
(661) 631-4678**

Delivery Details for Ordered Items

Vendor: _____

Delivery Information:

Site: _____

Address: _____

City State Zip: _____

Please deliver Monday – Friday between the hours of: _____

Contact Person: _____

Phone #: _____

Email: _____

Thank you!

District Office Use

Check # _____ **Date:** _____ **Amount** _____