



<p>FOR OFFICE USE ONLY</p> <p>Event Form # _____</p> <p>Event/Campaign Name _____</p> <p>Voucher tied to campaign _____</p>
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DISTRIBUTION RECOMMENDATION FORM

Request Type **Date of Request:** _____

- GRANT
- SCHOLARSHIP
- PAYABLE/REIMBURSEMENT (Include W-9 first time)

Fund Advisor/Selection Committee Representative Name: _____

Email: _____ Phone: _____

Foundation Name: _____

Fund Name: _____

Amount: \$ _____

Is this invoice directly related to an event or campaign? _____
 IF YES, Name of event or campaign _____

Payee Information

Name: _____
Street Address: _____
City, State, Zip: _____

If Interfund Transfer, fund to be reimbursed: _____

The check will be sent to payee unless otherwise provided instructions below. Please anticipate 7-10 business days once provided to CKCF for completion of any check request.

Instructions for mailing: _____

Requesters Name: _____ **Signature:** _____

Please return a copy to the Central Kansas Community Foundation and retain one for your files.

301 N. Main, Suite 200, Newton, KS 67114 or email (scanned version)
 to melinda@centralkansascf.org and angie@centralkansascf.org
 316-283-5474

Please attach back-up documentation that includes but is not limited to minutes, email communication, donor/committee member names, W-9, and this recommendation form.