

FOR OFFICE USE ONLY

**Event Form # Event/Campaign Name Voucher tied to campaign**

DISTRIBUTION RECOMMENDATION FORM

Request Type Date of Request:

GRANT SCHOLARSHIP



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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](mailto:melinda@centralkansascf.org) and [angie@centralkansascf.org](mailto: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.*