



<b>FOR OFFICE USE ONLY</b>
Event Form # _____
Event/Campaign Name _____
Voucher tied to campaign _____

**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](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.*