

**FOR OFFICE USE ONLY**

Event Form # \_\_\_\_\_

Event/Campaign Name \_\_\_\_\_

Voucher tied to campaign \_\_\_\_\_

**DISTRIBUTION RECOMMENDATION FORM****Request Type****Date of Request:** \_\_\_\_\_

- GRANT – Funds given to a charity or sponsoring organization but cannot be given to an individual. Minimum of \$250. Submit to [kristie@centralkansascf.org](mailto:kristie@centralkansascf.org)
- PAYABLE/REIMBURSEMENT (Include W-9 first time) – Operational expenses – Submit to [melinda@centralkansascf.org](mailto:melinda@centralkansascf.org)

**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.

400 S. Main, Suite 100, Newton, KS 67114 or email (scanned version)

to [melinda@centralkansascf.org](mailto:melinda@centralkansascf.org), [kristie@centralkansascf.org](mailto:kristie@centralkansascf.org) or[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.*