Central Kansas
COMMUNITY FOUNDATION
Building Stronger Communities Through Charitable Giving

FOR OFFICE USE ONLY

Event Form # _____

Event/Campaign Name _____

Voucher tied to campaign _____

DISTRIBUTION RECOMMENDATION FORM

Request Type **Date of Request:** _____

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