



<b>FOR OFFICE USE ONLY</b>
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 [melissa@centralkansascf.org](mailto:melissa@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), [melissa@centralkansascf.org](mailto:melissa@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.*