

FOR OFFICE USE ONLY
Event Form #
Event/Campaign Name
Voucher tied to campaign

DISTRIBUTION RECOMMENDATION FORM

Request Type	Date of Request:
_	even to a charity or sponsoring organization but cannot be given to an individual. nit to melissa@centralkansascf.org or for scholarships brandi@centralkansascf.org
o PAYABLE/REIMB melinda@centralkansasc	URSEMENT (Include W-9 first time) – Operational expenses – Submit to f.org
Fund Advisor/Selection Co	mmittee Representative Name:
Email:	Phone:
Foundation Name:	
	<u> </u>
• Unsure, check here: htt	
Is this invoice directly I	related to an event or campaign?r
Payee Information	
Name:	
City, State, Zip:	
	d receiving transfer:
The check will be sent to pay	vee unless otherwise provided instructions below. Please anticipate vided to CKCF for completion of any check request.
Instructions for mailing:	
Requesters Name:	Signature:
Please return a copy to the C	entral Kansas Community Foundation and retain one for your files.
400 S. Main, S	uite 100, Newton, KS 67114 or email (scanned version)

400 S. Main, Suite 100, Newton, KS 67114 or email (scanned version) to melinda@centralkansascf.org (payables), melissa@centralkansascf.org (grants), brandi@centralkansascf.org (scholarships) or angie@centralkansascf.org (CEO) 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.