

## The Foundation for Palm Springs Unified School District Check/Payment Request Form Phone: 760-416-8455 Email: JSanchez@psusd.us

☐ Issue Check to Requesting	y Person			
Mail Check				
Issue Check to:				
Payment via Credit Card/C	Inline Vendor			
Requesters Name:		Contact Number:		
Check Payable to:		Date Needed:		
Address:		Contact Number:		
City:	State: Zip (	ode:		
Check amount: \$				
Short Description of Project/Po	urchase:			
	Depa	tment:		
☐ Galen Master Series	·			
CAFÉ Academy	☐ Palm Springs High	chool PSUSD V	PSUSD Wellbeing Program	
Race Academy	☐ Musical Instruments	☐ PSUSD F	PSUSD Parent Center	
RMHS Athletics	☐ RMES STEAM Lab	MES STEAM Lab CCHS Choir		
Series/Production/Project/Purchase Tittle:		D	Date of Service:	
Number of Students Impacted	:			
To Submit please include the following:  Scope of Work Invoice Vendor Contact Information  All check requests should be submitted to The Foundation Coordinator, Javier Sanchez via email <a href="mailto:jsanchez@psusd.us">jsanchez@psusd.us</a> 5 business days prior to the date the check is needed unless otherwise approved by Foundation Director Ellen Goodman.				
Requesters Signature	Date	Check Received In-Hand By	/: Date	
Foundation Administrator Sign	nature Date	Foundation Directors Signat	ture Date	