



FAX REQUESTS TO SELENA
312.212.0098
E-MAIL REQUESTS TO
accounting@actionforhealthykids.org

TO: ACTION FOR HEALTHY KIDS
600 West Van Buren Blvd, Suite 720
Chicago, IL 60607

Submitted by: _____ Team: _____ Date Submitted: _____

Team Position/Title: _____ Phone: _____

TYPE OF REQUEST (check one): Direct payment to third party
 Cash Advance payment

AMOUNT: \$ _____

Source of Funds [i.e. Team Grant (specify which grant), State Funds, etc] : _____

Describe what this request is for: _____

Supporting Documentation Included (i.e. receipts, contracts, invoices, award letters): _____

NOTES:

- (1) If you request an advance payment, please provide a completed Cash Advance Report Form with supporting receipts (hard copies) within 60 days after you receive the advance.
- (2) Social Security number is required for payments of \$600 or more to any un-incorporated contractor or individual (e.g. honorarium paid to a speaker, consultants, etc.).
- (3) Payee should receive their check 15 to 18 business days after the request has been received by your TSR.

Check Payable to:

Name: _____

(who check needs to be written to: your board of education or school)

Attn: _____

(adult sponsor)

High School Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

SPECIAL INSTRUCTIONS: (Note: payment will be sent to payee indicated above unless otherwise noted.)

Please indicate how your State Team members were notified of the expenditure (e.g., via phone, meeting discussion or mail):

Authorized Team Member Signature: _____

(Note: If the check is to be made payable to a Team Member, a different Team Member must sign the Check Request Form)

AFHK OFFICE USE ONLY

Date Received by TSR: _____

TSR Approval: _____

Accounting Code: _____

Director Approval: _____

CHECK # _____

DATE ISSUED: _____