



Grossmont High School Education Foundation

Use a separate form for each payee.
Receipts, invoices and/or other supporting documentation must be attached.

Make check payable to: _____

Date	Use of Funds	Amount Requested:
Total		\$ -

If check is to be mailed, where should it be sent?

Address _____

City /State _____ Zip: _____

Date: _____ Signature: _____

(For the treasurer's use only)

Date	Check #	G/L Account	Bank Account	Amount

Approved by: _____ Tony Mayo

Title: _____ Treasurer