Cascade Pacific
Resource Conservation + Development

33630 McFarland Road
Tangent, OR 97389
(541) 967-5925 Ext. 4

Check Request
Grant Funds

Council: _____

Project Number: _____ **Project Name:** _____

Project Funded By: ☐ OWEB ☐ BLM ☐ USFS ☐ Other (please specify) _____

Instructions:

- Please print legibly – we can't pay if we can't read it!
- Only one (1) check per form
- Payment will be made from forms with original authorized signatures only
- Payee must be the same as the name on the invoice
- Invoices must include dates of service
- Incomplete forms will be returned to the submitter for correction

Budget category *Contracted services, postage, supplies and materials, rent, etc.*	**Amount**	Co	**Budget category**	**Amount**
			TOTAL	$ -

Note: When attaching back-up documentation, circle amounts to pay on each invoice; if only a portion of the invoice is to be paid, write the amount and project number on the invoice and indicate how the remaining amount will be covered: personal, matching funds, another project, etc.

Make check payable to: _____ Phone: _____

Payee address: _____

☐ Send to payee ☐ Send to alternate address ☐ Change of address

Alternate address: _____ Phone: _____

Submitted by: _____ Title: _____

Date: _____ Email: _____ Phone: _____

Authorized by: _____ Printed name: _____

Title: _____

Date: _____ Phone: _____

The person submitting this check request verifies that all services have been rendered and items received as stated on any receipt or invoice, that all appropriate documentation is attached, and that the charges are allowable under the agreement with the funder.

The person authorizing payment verifies that the check request is true and correct and authorizes Cascade Pacific RC&D to make payment as requested.

Cascade Pacific use only below this line

Date Issued:	Check #:	Amount: $	Date entered:	Initials: