

**Exhibit 2**  
**Stewardship Check Request Form**  
*(attach Exhibit 6 Expenditure detail)*

Request  
 Number: (1st, 2nd, etc.)

Today's  
 Date:

Project Contract #WY \_\_\_\_\_ Organization: \_\_\_\_\_

ProjectName: \_\_\_\_\_

Period of service for this check request \_\_\_\_\_

*Instructions (rename and save this form before using)*

- Attach Expenditure Tracking (Exhibit 6) and related invoices.
- Invoices must include dates of service, hourly rates, description of services, and address including county
- Include the Project Number on the invoice.
- Attach copies of back-up documentation to invoice.
- Report match amounts used during this pay period
- If no match is used, report \$0.00 match.
- Check requests are due on the 15th for payment the following 30-45 days.
- Requests received after the 15th are processed the next month.
- Invoices must include all bills received for this project during this period of service.
- Only one (1) check issued per form.
- One check request per form.
- Incomplete forms will be returned to grantee for correction
- Email requests to ap@cascadepacific.org & connie@cascadepacific.org

Invoice Details <i>Fill in amounts by category per project Budget</i>	Amount		Match Reporting <i>List In-kind services or other funds per Budget</i>	Amount
Personnel				
Mileage Reimbursement				
Contracted Services				
Supplies & Materials				
Production Costs				
<b>SUM rows and insert Total</b>	<b>\$</b>		<b>SUM rows and insert Total</b>	<b>\$</b>

Make check payable to: \_\_\_\_\_ \* Phone: \_\_\_\_\_

Payee address: \_\_\_\_\_

- Send to payee     Send to alternate address     Change of address

Alternate address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Payee must be the same as the name on the invoice.

Authorized by: \_\_\_\_\_ \*Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Payment will be made from forms with original signatures only.

*\*The person authorizing payment must be a designated contract officer listed on Exhibit 4. By signing this request signer verifies that: all services have been rendered and items received as stated on any invoice; all appropriate documentation is attached; charges are allowable under the agreement with the funder; this check request is true and correct; and Cascade Pacific RC&D is authorized to make payment as requested.*

**Cascade Pacific use only below this line**

Authorized by: \_\_\_\_\_ Printed name: Kirk Shimeall

Title: Cascade Pacific Stewardship Coordinator Date: \_\_\_\_\_

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