



# CARLSBAD HNRC FOUNDATION

## Check Request Form

eMail to: [tiapple8@gmail.com](mailto:tiapple8@gmail.com)

Tom Applegate • m760.310-8490

Payee: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date Needed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Requestor: \_\_\_\_\_

*Request Approved by (Service Director):*

Director's Approval: \_\_\_\_\_

President's Approval: \_\_\_\_\_

Classification (check boxes):

(1).  Budgeted     Not budgeted (contingency funds)

(2).  Community Service     International Service  
 Vocational Service     Youth Services

Purpose of Disbursement/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice or receipt attached:  Yes     No (*will exchange for check*)

*Forward payment to:*

Requestor     Payee     Zelle® Account: \_\_\_\_\_  Other: \_\_\_\_\_  
(email or phone number)