

**Shawnee Mission Education Foundation**  
**Request for Special Project Account Disbursement (Check Request)**

(1) Date \_\_\_\_\_ (2) Submitted by: \_\_\_\_\_

(2) Fund Name: \_\_\_\_\_

(3) Fund committee if applicable: \_\_\_\_\_

(5) Amount Requested: \_\_\_\_\_ **RECEIPT AND/OR DOCUMENTATION  
MUST BE ATTACHED FOR REIMBURSEMENT**

(6) Items purchased/purpose:

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(7) Handling instructions: Please check one for method for delivery desired.

Mail Pick up at SMEF office (a SMEF representative will call when check is prepared.)

(8) Check payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

(9) If check is to be mailed, please list the exact mailing address of payee.

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(10) **AUTHORIZATION** – Authorization must be provided by fund administrator/officer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office

\_\_\_\_\_  
Date

**Mail this form and receipts and/or documentation to:**

Shawnee Mission Education Foundation, 7235 Antioch, Shawnee Mission, KS 66204

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_