



Check Request Form

Park/Forest or Friends Group: _____

Special Account (If different than above): _____

Name of Grant (if grant-related): _____

The attached invoice or contract is approved for payment:

Vendor: _____

Invoice Date: _____

Invoice Number: _____

Amount Due: _____

Date Due: _____

Purpose/Description: _____

Check mailing address if different from invoice:

Check payee if different from vendor:

Approved: Friends Group (if from Friends Account)

Date: _____

AND

Approved: Park Manager/District Forester

Date: _____

OR

Approved: Assistant Park Manager/District Forester

Date: _____

Please mail the completed form and original invoice to:

PA Parks and Forests Foundation
704 Lisburn Road, Suite 102
Camp Hill, PA 17011