

Financial Transaction Form

Please use this form to make a deposit or check request.

USE ONE FORM PER TRANSACTION TYPE



Today's Date: _____
 Your Name: _____
 School or District Department: _____
 Phone Number: _____ Email: _____

Return this form to:
Pasadena Educational Foundation
 351 South Hudson Avenue, Room 153
 Pasadena, CA 91101
 Tel: (626) 396-3625
 Fax: (626) 577-6733

DEPOSIT transactions

****Please fill out ALL sections. Blank sections will result in a delay of your transaction.**

Account Name: _____

Source of Funds (e.g., donations, raffle ticket sales, yearbook payments, auction payments, etc.):

Further instructions:

# of checks and/or CC transactions	Type	Amount
	Checks	\$
N/A	Cash	\$
	Credit Card Charges	\$
	TOTAL deposit	\$

CHECK REQUEST transactions

****Please fill out ALL sections. Blank sections will result in a delay of your transaction.**

Account Name: _____

What will these funds be used for? (e.g., reimbursement for "X", field trip (where & date), supplies, etc.):

Date need check by: _____ Amount requested: \$_____ (Please attach invoice or receipt.)

Name of Payee: _____
(Vendor/Organization/Person to make check payable to)

Further instructions:

Where do you want check sent? _____ To You

_____ To Payee	Payee Address: _____ _____ Invoice # (if applicable): _____
_____ Hold for Pick up	When check is ready, please: <input type="checkbox"/> call me at: _____ <input type="checkbox"/> email me at: _____

Principal / Department Head Signature

Name (print)