



Fundraiser Event# \_\_\_\_\_

# KAMEHAMEHA SCHOOLS

## KAMEHAMEHA SCHOOLS STUDENT ACTIVITIES – HAWAII CHECK REQUEST FORM

Date: \_\_\_\_\_ Needed by: \_\_\_\_\_

Club Account: \_\_\_\_\_

Check payable to: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

- Athletics Department
- Elementary School
- Middle School
- High School
- Bishop Memorial Chapel
  
- Payment
- Advance

<u>Event</u>	<u>Expense Description/Use</u>	<u>Amount</u>	<u>Expense Type</u>
<i>Ex. (Senior Lū'au)</i> <i>(Car wash fundraiser)</i>	<i>(Food)</i> <i>(Car wash supplies-soap, towels, buckets)</i>		<i>(Meals)</i> <i>(Fundraiser-Cost of Sales)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All invoices and/or receipts are attached and are dated within 30 days of purchase. Receipts and invoices dated after 30 days may be considered a personal benefit with the amount added to your payroll income. Advances must be settled within 10 days of the event's conclusion. Payment made to other KSH Student Activity Clubs will not generate a check; process will occur as an internal transaction. Please provide self-addressed stamped envelope if you want check mailed out by Fiscal. Otherwise, email notification will be sent to Requestor when check is ready for pick-up at Fiscal Office.

**TOTAL \$** \_\_\_\_\_

**Required - Requestor:** \_\_\_\_\_  
Print Name Signature Date Email

**Required - Approved by:** \_\_\_\_\_  
(Coach / Advisor / Student Activities Coordinator) Date

**Required - Approved by:** \_\_\_\_\_  
(Department Head) Date

**Required - Approved by:** \_\_\_\_\_  
(Director of Campus Finance) Date

**Approved by:** \_\_\_\_\_  
(Office of Po'o Kula) **\*If amount is more than \$5,000.00, approval required\*** Date

By your signature, you are certifying that you have reviewed the transaction and related documentation and they conform to Kamehameha Schools (KS) policy and that the transaction is within budget, free from known conflict of interest and in the best interest of KS.

<b>Fiscal Use Only</b>	Rec'd Date:	Expense Acct:
	Paid Date:	Amount:
		Check or JE No.: