

**Kern County Superintendent of Schools Educational Services Foundation
Check Request Form**

Date Requested: _____
 Vendor Name: _____
 Amount: _____
 Requestor's Signature: _____
 Project Approval: _____

CHECK ONE		
General <input type="checkbox"/>	Kern College Connect Prgm <input type="checkbox"/>	TRACK <input type="checkbox"/>
Alternative Education <input type="checkbox"/>	Kern County College Night <input type="checkbox"/>	Transportation Food Baskets <input type="checkbox"/>
California Retired Teachers <input type="checkbox"/>	Migrant Education <input type="checkbox"/>	We the People <input type="checkbox"/>
Chevron Teacher/Classroom <input type="checkbox"/>	One Book/One Bakersfield <input type="checkbox"/>	Charity Tree Boutique <input type="checkbox"/>
Community Reading Project <input type="checkbox"/>	Richardson Center <input type="checkbox"/>	Jamison Center <input type="checkbox"/>
CALM		
General <input type="checkbox"/>	DiGiorgio Ed. Center <input type="checkbox"/>	Memorial Fund <input type="checkbox"/>
Badger Exhibit <input type="checkbox"/>	Educational Outreach <input type="checkbox"/>	MEWS <input type="checkbox"/>
Bkfld Californian Foundation <input type="checkbox"/>	Facilities Improvement <input type="checkbox"/>	Mountain Lion Exhibit <input type="checkbox"/>
Bear Exhibit <input type="checkbox"/>	Legacy Grant <input type="checkbox"/>	Tortoise Exhibit <input type="checkbox"/>
MUSEUM		
General <input type="checkbox"/>	Director's New Initiative Fund <input type="checkbox"/>	Student Services <input type="checkbox"/>
Bakersfield Country Music <input type="checkbox"/>	Museum Collections Fund <input type="checkbox"/>	Oil Exhibit <input type="checkbox"/>
SPECIAL ED COMM. ACT		
Special Ed Comm - General <input type="checkbox"/>	Hart Visually Impaired <input type="checkbox"/>	Sunrise Coffee Co. - Tips <input type="checkbox"/>
Actis Stars Coffee <input type="checkbox"/>	Special Ed Christmas Tree <input type="checkbox"/>	Sunset Middle School Garden <input type="checkbox"/>
	Sunrise Coffee Co. - Other <input type="checkbox"/>	
SUPPORT SERVICES LEARNING PROGRAM		
Support Svs. - General <input type="checkbox"/>	College Making it Happen <input type="checkbox"/>	Teacher of the Year <input type="checkbox"/>
	New Teacher Support <input type="checkbox"/>	
VALLEY OAKS CHARTER SCHOOL		
Farm Account <input type="checkbox"/>	Prom <input type="checkbox"/>	Field Trips <input type="checkbox"/>
Sacramento Trip <input type="checkbox"/>	History Camp <input type="checkbox"/>	Woodshop <input type="checkbox"/>
	Safe Halloween <input type="checkbox"/>	

Reason/Description for Request:

Authorized Signature: _____
Authorized Signatures: Mark Fulmer, Mary L. Simms, Thomas G. Valos, John B. Lindsay, Christine Lizardi Frazier

For Business Office Use Only

Date Received: _____
 Account Code: _____
 Check No: _____
 Check Date: _____
 Post Date: _____
 Business Office: _____