



Southeast Uplift
3534 SE Main St
Portland, OR 97214
p: 503 232-0010
www.seuplift.org

Check Request Form

Organization: _____ Date of Request: _____

This check request is for:

Payment of an invoice - see attached invoice(s)

Reimbursement request - see attached receipt(s)

Accompanying documentation is required for processing.
Checks will be dispersed upon verification of available funds.

Check Delivery:

Mail via USPS

Place in SEUL mailbox _____

Hold for pickup during SEUL's office hours
(Tu-Th 10-5, excluding federal holidays)

Make check payable to: _____

Mailing Address

Street Line 1: _____ Street Line 2: _____

City: _____ State: _____ Zip Code: _____

Expense Detail

Amount: \$ _____ Funding Account (e.g. General, Grant): _____

Memo (expense description): _____

Tax Forms

W-9 included: Required for \$600+ within a calendar year to an individual or organization

W-9 already on file: Previously submitted; no updates to tax information (name, ID, mailing address)

W-9 not required

Authorization

The Principal Coordinator's signature is always required. E-signatures are sufficient.
For reimbursements made payable to the Principal Coordinator, an additional authorized individual's signature is required.

Principal Coordinator Name - Required Additional Authorized Individual Name (if applicable)

Principal Coordinator Signature - Required Additional Authorized Individual Signature (if applicable)

For office use only (to be completed by SEUL staff)

Expense Account _____ Program # & Name _____ Staff Initial _____

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Hosford-Abernethy • Kerns • Laurelhurst • Montavilla • Mt. Scott-Arleta • Mt. Tabor • North Tabor • Reed • Richmond
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