



TWIN PEAKS FOUNDATION

"Connecting to Your Child's Future"

c/o 14640 Tierra Bonita Road
Poway, CA 92064-3091

Check Request

Person Requesting Payment: _____

Your email or phone number: _____

These funds will be used for: _____

Payee Information

Date Check Needed: _____

Check Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount Requested: \$ _____

Please submit the following information:

- For direct payment to supplier, please provide an invoice or purchase order
- For reimbursement, please provide an original or copy of a receipt showing payment for the materials.

Applicant Signature:

Twin Peaks Foundation – Accounting

Amount Paid: \$ _____ Date Paid: _____ Check #: _____ Acct#: _____