

**Exhibit 2
 Vendor/Contract
 Check Request Form**

Date: _____

Project Name: _____

Contract #: _____

Period of service for this check request: _____

Instructions (rename and save this form before using):

- Attach Invoice to Check Request form.
- Invoices must include dates of service, hourly rates, description of services, and address including county
- Include the Project Number on the invoice.
- Attach copies of back-up documentation to invoice.
- Report match amounts used during this pay period
- If no match is used, report \$0.00 match.
- Check requests are due on the 15th for payment the following 45 days. Requests received after the 15th are processed next month.
- Your invoice should cover all bills received for this project in this period of service.
- Only one (1) check issued per form.
- Only one Project number per form and invoice.
- Incomplete forms will be returned to grantee for correction
- Email all documents to ap@cascadepacific.org

Invoiced Amount: Fill in amounts by category per project budget	Amount		Match Reporting: In-kind services, other funds etc.	Amount
Contracted Services				
Travel/Mileage				
Supplies & Materials				
SUM rows and insert Total	\$		SUM rows and insert Total	\$

Make check payable to: _____ * Phone: _____

Payee address: _____

- Send to payee
 Send to alternate address
 Change of address

Alternate address: _____ Phone: _____

*Payee must be the same as the name on the invoice.

Authorized by: _____ * Title: _____

Date: _____ Email: _____ Phone: _____

*Payment will be made from forms with original signatures only.

*The person authorizing payment must be a designated contract officer listed on Exhibit 4. By signing this request, signer verifies that: all services have been rendered as stated on any invoice; all appropriate documentation is attached; charges are allowable under the agreement with the funder; this check request is true and correct; and Cascade Pacific RC&D

Cascade Pacific use only below this line

Authorized by: _____ Printed name: Kirk Shimeall

Title: Cascade Pacific Stewardship Coordinator Date: _____

Date Issued:	Check #:	Amount: \$	Date entered:	Initials:
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