



SANTA CRUZ MOUNTAINS  
**ART CENTER**  
 9341 Mill Street, Ben Lomond, California 95005  
 831-336-3513

## CHECK REQUEST FORM

Updated March 2016

Please print clearly.

Today's Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Mail Check to: \_\_\_\_\_

Street: \_\_\_\_\_

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

Check recipient's social security number/Tax ID: \_\_\_\_\_

*Teachers: only fill out Social Security # on first Check Request Form.*

This payment is for the following goods/services:

---



---



---



---



---

Date goods/services provided: \_\_\_\_\_

Board member approval:

\_\_\_\_\_

print name

signature

----- Do not write below this line. Official use only -----

Check # \_\_\_\_\_ Account # \_\_\_\_\_