



Santa Clara County SCHOOLS' INSURANCE GROUP



CHECK REQUEST

DATE:	
PAYABLE TO: (vendor) Address:	
AMOUNT:	
MEMO (ON CHECK):	

Requested by:	Initials:
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PLEASE NOTE:	<ol style="list-style-type: none"> 1. Attach all pertinent receipts to this request. 2. The SCCSIG pays to member districts only, not to individual employees of districts. Individual employees that use personal funds must be reimbursed by their own district. 3. Invoices payable to vendor are acceptable when using Safety Credits; provided vendor completes W9 IRS form. 4. Please combine multiple requests for a once per month transaction.
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SCCISG Office Only

	Regular vendor invoice for SIG expenses.
	Pay Vendor and charge to (see check memo) District's Safety Credits Fund.
	Reimburse _____ District and charge Safety Credits Fund.
	Reimbursement for expenses related to other safety training event OTHER THAN SAFETY CREDITS Charge to _____ fund.
	Reimbursement for SAFETY DAY yearly safety training incentive. OTHER THAN SAFETY CREDITS Charge to _____ fund.
	Professional Development , Employee Name: _____ Other: _____

Authorized by: _____ **Date:** _____
Corinne Kelsch