



**Check Request:**

Date: \_\_\_\_\_

Partner Group: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

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

Social Security # of Recipient: \_\_\_\_\_

Total Amount of Request: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_

Date Payment Required: \_\_\_\_\_

I certify that this bill is authorized & correct, that the information above is correct, and that payment has not been previously made.

Authorized Signature, Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Verification Signature, Title: \_\_\_\_\_

Copies of invoices to be paid should be attached. Checks will be mailed. No pickups available. Please note if the check needs to be mailed to an address other than that of the payee.

Fax to Bookkeeping Solutions at **771-5337**

Or Mail to:

Bookkeeping Solutions and Consulting, LLC  
P.O Box 8125  
Richmond , VA 23223

For additional help, please contact:

Bookkeeping Solutions: Patricia Fields: 771-5333

Foundation Treasurer: Karen Townsend: 357-4292 or ktownsend@enrichmond.org

Foundation Executive Director: Noel McKenzie 405-3366 or nmckenzie@enrichmond.org