



Check Request:

Date: _____

Partner Group or Project _____

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 **804.771.5337**

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 Executive Director: John Sydnor 646.0954 or jsydnor@enrichmond.org