



FUND Information

Fund Name _____

REQUEST Information

Amount: _____

Payable to: _____

SSN: _____

Address: _____

*Last 4 numbers of
Social Security #
Required for Stipends*

Purpose: _____

Requested by: _____

Date _____

Signature of Approved Fund Signer

Printed Name of Signer

Signature of Principal

Date _____

Printed Name of Principal

* Athletic equipment purchases require principal or athletic director approval.

APPROVAL Information

Approved by: _____

Date: _____

Deborah L. Pedraza, Executive Director

SPECIAL Instructions

- Mail to payee OCPS Courier
- Hold for pick-up
- Call _____ when ready at for pickup.
Name & Number
- Other _____

Note: Checks are released weekly on **Friday**. *Some exceptions may apply.*

To ensure timely payment, requests must be submitted **Monday** prior to Wednesday processing.

An invoice or receipt(s) **MUST** be attached to request.

Return form or contact for more information - Andrea Hampton, Senior Manager of Finance

Andrea.Hampton@ocps.net

407.317.3261