



# California Missions Foundation

## AATB CHECK REQUEST

DATE: \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

Monterey County  Santa Barbara County  Los Angeles County  Other: \_\_\_\_\_

**SITE VISITED:** \_\_\_\_\_

**DATE OF TRIP:** \_\_\_\_\_

<b>Payable to:</b>	
<b>Phone:</b>	
<b>Address:</b>	

<b>Requested by:</b>	
<b>Phone:</b>	
<b>Address:</b>	

Date	Description of Expenses	Total:
<b>Grand Total:</b>		

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Signature of CMF Education Coordinator

\_\_\_\_\_  
Signature of CMF Executive Director

*For office use only*

*Please Return To:*

Date paid: \_\_\_\_\_  
Check #: \_\_\_\_\_

California Missions Foundation  
P.O. Box 23035  
Santa Barbara, CA 93121  
[schools@californiamissionsfoundation.org](mailto:schools@californiamissionsfoundation.org)

**Please submit this form with the invoice from your bus company**