



CHECK REQUEST FORM

This form is electronically fillable. Email completed form with all back-up (invoices, receipts, etc.) attached in a single file to: AP@HIGHTECHHIGH.ORG. Please allow up to 30 days for payment processing.

STEP 1: EMPLOYEE CERTIFICATION

Employee Name	Alexander Patton	Date	5/1//2025
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By my signature on this form, I affirm that all goods or services requested for payment are exclusively for allowable business purposes and are necessary for the operation of High Tech High/HTH GSE/HTH Learning/HTH Foundation.

Employee Signature	
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STEP 2: PAYEE INFORMATION

Payee Name	LSF Editorial	Contact Name	Lauri Scherer
Payee Address 1	1111 Alexandria Dr.	Phone	
Payee Address 2	San Diego, CA 92107	Email	lauri@lsfeditorial.com

STEP 3: DESCRIPTION OF GOODS/SERVICES

Description and Purpose of Goods or Services	Copy Editing
Total Amount to Pay	\$260

STEP 4: ACCOUNT CODE

Enter the correct account coding. At minimum, include the Fund Code, Source Code, and Program Code.

33	5100	1000	9905	99160	
Fund	Object	Source	Department	Program	Staff

STEP 5: APPROVAL

Budget Manager Signature	
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