



California Association for Bilingual Education

California Association for Bilingual Education
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<https://www.gocabe.org/>

CHECK REQUEST

Name of the person requesting a check:		Today's date:	
Give a brief description of the purpose for this check. Please include any back up documentation (i.e. invoice, membership application, if applicable):			
Make check payable to:		Check Amount:	
Mail the check to (Name of organization and/or person):			
Street Address (include suite number, if applicable):		City	State Zip
SPECIAL INSTRUCTIONS FOR CHECK DISTRIBUTION (IF ANY)			
IMPORTANT NOTE: Check requests are processed every two weeks. Please plan ahead to allow adequate time to obtain approval.			
Comments or Notes:			