



Click "Highlight Existing Fields" button above to view input fields in blue

FOUNDATION CHECK REQUEST

(Please attach original invoice)

DATE:		REQUESTED BY:		PHONE/EXT		
ACCT #: 03 -		- 5 -		ACCT NAME:		
Vendor Information				Accounting Instructions		
Name				Mail		
Address				Will Hand-carry		
City		State	Zip Code			
Phone No.		Fax No.		Date Required		
If Tax Exempt, click on the check box						
Item	Quantity	Description			Unit Cost	Total
Subtotal						
Tax (7.75%)						
Total						

***APPROVAL. All required signatures must be obtained prior to processing. Attach Board Approval (when required).**

Dean or Program Director Date

Foundation Director Date

College President Date

For Fiscal Services Internal Office Use

Vendor# _____

Voucher# _____

Batch# _____

Account# _____

Verified _____ Date _____

Copy Distribution:
Original: Campus Fiscal Service Office
Copy: Foundation Office