



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 #:	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

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

<b>Subtotal</b>	
<b>Tax (7.75%)</b>	
<b>Total</b>	

\_\_\_\_\_  
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