



# CHECK REQUEST FORM

**NOTE: FOUNDATION CHECKS TAKE APPROXIMATELY FIVE (5) BUSINESS DAYS AFTER THE REQUEST IS SUBMITTED TO BE PROCESSED. CHECKS ARE ISSUED ON WEDNESDAYS.**

Payable to: \_\_\_\_\_ Tel: \_\_\_\_\_

Last four digits of Social Security Number (Individuals Only): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check One:  HOLD FOR PICK UP  Request to use Foundation credit card

Check One:  REIMBURSEMENT  Mail to Vendor

INVOICE NUMBER: # \_\_\_\_\_

QUANTITY	ITEM/SERVICE DESCRIPTION	COST	TOTAL
		<b>GRAND TOTAL</b>	

Purpose: \_\_\_\_\_

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Committee: \_\_\_\_\_ Project #: \_\_\_\_\_

Department Phone #: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Area Dean/VP Signature : \_\_\_\_\_ Date: \_\_\_\_\_

FOUNDATION USE ONLY	
Expense Account # _____	Account Description: _____
Project # _____	Project Description: _____
Bank Name: _____	Bank Check # _____ Date: _____
Invoice # _____	
LACCF Executive Director: _____	Date: _____
LACCF Authorized Official: _____	Date: _____