LOS ANGELES CITY COLLEGE
LACC Foundation

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: ☐ EFT/ACH Payment: ☐

INVOICE NUMBER: #_____

QUANTITY	ITEM/SERVICE DESCRIPTION	COST	TOTAL
		GRAND TOTAL	

Purpose:_____

_____

Requested by: _____ Title: _____ Date: _____

Department/Committee: _____ Project #: _____

Department Phone #: _____ Date Needed: _____

Area Dean/Chair Signature : _____ Date: _____

Vice President Signature: _____ Date: _____

FOUNDATION USE ONLY

Expense Account # _____ Account Description: _____

Project # _____ Project Description: _____

Bank Name: _____ Bank Check # _____ Date: _____

Invoice #_____

LACCF Executive Director Signature: _____ Date: _____

LACCF Authorized Official: _____ Date: _____