



CHECK REQUEST FORM

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

Payable to: _____ Tel: _____

Social Security Number (Individuals Only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check One: MAIL THE CHECK TO VENDOR HOLD FOR PICK UP

Check One: REIMBURSEMENT ADVANCE PAYMENT

INVOICE NUMBER: # _____

QUANTITY	ITEM/SERVICE DESCRIPTION	COST	TOTAL
		GRAND TOTAL	

Purpose: _____

Requested by: _____ Title: _____ Date: _____

Department/Committee: _____ Project #: _____

Department Phone #: _____ Date Needed: ___/___/___

Chairman 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: ___/___/___