



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: _____ Phone: _____

Last four digits of 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: ____/____/____

Department Chair 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: ____/____/____