



CHECK REQUEST FORM

NOTE: FOUNDATION CHECKS TAKE APPROXIMATELY FIVE (5) BUSINESS DAYS AFTER THE REQUEST IS SUBMITTED TO BE PROCESSED. ONCE COMPLETE PLEASE EMAIL FORM TO FOUNDATION@FULLCOLL.EDU.

Payable to: _____ Tel: _____

Employee or Student ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check One: HOLD FOR PICK UP Other *Attach note

Check One: REIMBURSEMENT *Include receipt Prepay *Set up appt with foundation

INVOICE NUMBER: # _____

| QUANTITY | ITEM/SERVICE DESCRIPTION | COST | TOTAL |
|----------|--------------------------|--------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | GRAND TOTAL | |

Purpose: _____

Requested by: _____ Title: _____ Date: _____

Department/Committee: _____ Project #: _____

Department Phone #: _____ Date Needed: _____

Dept Chair Signature : _____ Date: _____

VP Approval : _____ Date: _____

FOUNDATION USE ONLY

Expense Account # _____ Account Description: _____

Project # _____ Project Description: _____

Bank Name: _____ Bank Check # _____ Date: _____

Invoice # _____

FFCF Executive Director: _____ Date: _____