

## **Check Request from Foundation Account**

Name of Payee		
Address		
Date Requested	Date check needed by  (Minimum 2 weeks)	
Account Charged		Amount
		\$
	Tota	L <b>\$</b>
Purpose of Request		
Delivery Notification		
☐ Pick up at Foundation ☐ Interoffice I	Location \( \square\) M	ail to Payee
Forward completed form with back-up docu Four	ments such as quotes and requisitions, rec ndation Office (FTZ131)	ceipts, invoices, etc. to
Requested by:		
Print		Signature
Administrative Supervisor*:	 rint	Signature
*Please obtain the signature of your Department C		o.g.muir
Reviewed by:  Foundation Staff	Date	
Foundation Staff		
Approved by:	Date	
Foundation Executive	Urrector	

**Back-up Attached**