

MONTEREY PENINSULA COLLEGE FOUNDATION
Check Request Form

Date _____

Source of Funding _____ Amount: _____

Payee Name: _____

Address: _____
Street City, State and Zip

Phone Number: _____ Tax I.D. #: _____

Check Requested by: _____

Reason for Check: _____

Department Chair Signature _____ Date: _____

VP, Academic Affairs Signature _____ Date: _____

Documentation Attached? Yes No

Date Check Needed by: _____

Mail Check to Payee: Hold Check for Pick up:

FOR OFFICE USE ONLY

Purchase Order No.: _____ Amount Available: _____

Account No: _____ Class: _____

Checked by Accounting: _____ Date: _____

Check Request Approved by: _____ Date: _____