

CHECK REQUEST



The **Foundation** for
Grossmont & Cuyamaca Colleges

Date

Submitted by

Ext

Department

Location

Payee

Address

City, State, Zip

Phone

Fax

Email

SS/Tax ID

Account #

Amount

Purpose of Expense (include supporting documentation)

Program Fund

Account #

Routing

Dean/Director Approval _____

FOUNDATION USE ONLY

Approval _____

GL Code

Check Date

Check #