



CHECK REQUEST

Department Information

Date:

Submitted by:

Ext:

Department:

College:

Payee Information

Payee Name:

Amount:

New Payee? No Yes

Address:

City:

State:

Zip:

Phone:

Email:

Check Delivery Routing Method:

Purpose of Expense (Explain how the funds are being used to support your program)

Required Backup Documentation (Quotes or estimates are not allowed)

Paid Itemized Receipt

Contract for Services

Unpaid Invoice (if paying vendor directly)

Event Flyer

Completed W9 (if paying a NEW payee)

Paid Invoice (If being reimbursed)

Program Fund	Key Code	Object Code (FGCC Use Only)

Department Dean/Director Signature _____

Accounting Department Signature _____

****Foundation Use Only**** Funds Available: Yes No Processed by: Date:

Once complete, please send to FGCC in Building 38J at the Grossmont campus.