



# VICTOR VALLEY COLLEGE DISTRICT FOUNDATION, Inc.

**CHECK REQUEST**  **CC\* REQUEST**

\*CC request requires Foundation approval

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

1. **Make check payable to\*\*:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Pay from the \_\_\_\_\_ Fund

2. **Purpose of Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. **Delivery of check:**

Return by Interoffice  Call for pickup  Mail to Vendor

Requested by: \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

(authorized signature of funds)

(If this check is a reimbursement or subcontractor payment, it must also be approved by your Dean)

Dean or V.P Approval: \_\_\_\_\_ Date \_\_\_\_\_

\*\*Subcontractor check requests must be accompanied by a subcontractor payment form.