



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.