

**LOS MEDANOS
COLLEGE**
Foundation

Check Request Form

DATE OF REQUEST	
AMOUNT	
CHECK PAYEE	
CHECK PAYEE MAILING ADDRESS	
CHECK PAYEE EMAIL ADDRESS	
FUND NAME	
MEMO INFORMATION <i>Enter purpose of check and attach supporting documentation. i.e. Board minutes, student enrollment, receipts, invoices or etc. If check is for a student include ID and current enrollment.</i>	
CONTROL ACCOUNT No.	

PRINT NAME & SIGNATURE OF PERSON REQUESTING FUNDS **DATE**

APPROVAL **MANAGER/DIVISION DEAN/DEPARTMENT CHAIR** **DATE**
Authorizing Fund Signatory

APPROVAL **Foundation Services** **DATE**
Authorizing Fund Signatory

LMCF will automatically mail the check to the Check Payee Address above. If you want this check returned to you or someone else write the name & mailing address in this box:

FOUNDATION SERVICES WILL EMAIL THE COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO lmcfoundation@bill.com. COMPLETED CHECK REQUESTS RECEIVED BY 5pm on MODAYS will be printed and mailed at the end of the week.