

Los Medanos College Associated Students (LMCAS) CHECK REQUEST

Please Check ONE: Cash Advance (receipt to follow)
 Authorization for Payment (receipt must be attached)

Note: Club minutes authorizing expenditure MUST be attached to this form

CHECK PAYABLE TO: _____

Address: _____

City: _____ Zip Code: _____

Invoice # _____ If payee is a student, list ID # _____

Delivery Options: Mail check to payee

Check will be picked up at the LMC Business Office

on _____ by _____
(Date) (Name)

GL ACCOUNT TO BE CHARGED: 71-92-301051-696025-54300
72-92-302050-696021-55800

LMCAS (Line Item # _____) Amount \$ _____

Purpose of Expenditure _____

Authorized By _____ & _____ Date _____
(Student Officer) (LMCAS Advisor)

Approved By _____ & _____ Date _____
(Student Life Coordinator/Manager) (Student Life Dean/Manager)

BUSINESS OFFICE USE ONLY

Check # _____ Dated _____ Written By _____

Check Received By _____ Date _____