

LMC Foundation

Check Request Form

DATE OF REQUEST	
AMOUNT	
CHECK PAYEE	
CHECK PAYEE 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

APPROVAL

DIVISION DEAN/DEPARTMENT CHAIR

Authorizing Fund Signatory

APPROVAL

District Foundation Services

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:

SCAN AND EMAIL COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO FOUNDATIONCHECKS@4CD.EDU
COMPLETED CHECK REQUESTS RECEIVED BEFORE 5pm on FRIDAYS will be printed and mailed the following week.