

# LMC Foundation

## Check Request Form

<b>DATE OF REQUEST</b>	
<b>AMOUNT</b>	
<b>CHECK PAYEE</b>	
<b>CHECK PAYEE ADDRESS</b>	
<b>FUND NAME</b>	
<b>MEMO INFORMATION</b> <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>	
<b>CONTROL ACCOUNT No.</b>	

---

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

---

**APPROVAL** **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:

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