



CHECK REQUEST FORM

This form is to be used for pre-approved funds only. (To make a new request, download "Mini Grant Request" at www.bpcc.edu/foundation) Please submit completed form along with original invoice and/ or receipts to the Office of Alumni and Development for processing at least two weeks prior to due date. Payments processed on the 15th and 30th of each month.)

(Please check one)

REQUEST FOR:

Payment

Account Balance

Other: _____

DATE: _____

DOCUMENTATION ATTACHED: Yes No

AMOUNT: _____

REASON FOR PAYMENT: _____

CHECK (S) PAYABLE TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

REQUESTING AGENT: _____

For Foundation Office Use Only

Funds Drawn On: Foundation Account: _____ Account Code:

FOUNDATION DIRECTOR: _____

FOUNDATION PRESIDENT/TREASURER: _____

Current Budget Bal. \$ _____ Less this Expense \$ _____ End Balance \$ _____