DVC FOUNDATION
THE VOYAGE BEGINS HERE

Check Request Form

DATE OF REQUEST	
AMOUNT	
CHECK PAYEE	
CHECK PAYEE ADDRESS	
FUND NAME	Select from drop down menu
MEMO INFORMATION ***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 schedule.***	
CONTROL ACCOUNT No.	

PRINT NAME & SIGNATURE OF PERSON REQUESTING FUNDS

APPROVAL ***DIVISION DEAN/DEPARTMENT CHAIR***

Authorizing Fund Signatory

APPROVAL ***District Foundation Services***

Authorizing Signatory

DVCF 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.