

NEO A&M College Development Foundation

CHECK REQUEST FORM

Club/Organization Name:
Account Number:
Requested Amount:
Requested by:

Date Submitted:
Check Request Date:
Purpose of Request:

Check Payable to:
Name:
Address:

Mail Check Campus Mail Box

Check will be picked up by: _____

Note: Documentation (invoice, receipts, registration form, etc.) stating amount of charge(s) must be attached. Checks will not be written without proper documentation.

Authorized by:

Foundation Approval:

FOUNDATION USE ONLY	
CLASS CODE: _____	AMOUNT: _____
ACCOUNT/ EXPENSE/ REVENUE CODE: _____	CHECK NUMBER: _____
Date Received: _____	Date Check Written: _____