CHECK REQUISTION

Allow 5 Business Days for Processing



Date			FOUN	FOUNDATION	
Department			_		
Fund	Functional Expense Category	Account	Program		
Account Title			_		
Check will be picked up by: Please not when check			ase notify them at		
Check needed by:			ease mail check by:		
Please draw check(s) to					
DATE OF C	HECK NO.	YEE & ADDRESS	PURPOSE	AMOUNT	
			тотл	AL Ć	
	IF	POSSIBLE, ATTACH COPIES OF I		AL 3	
PPROVALS:					
		Fund Manager			
		Director of Development			
Dean &/or VICE PRESIDEN	IT				
ICE PRESIDENT/Financial	& Administrativo Affaire				