

CHECK REQUEST FORM
Fax to: (541) 463-3985 or deliver to the Foundation,
Rm 270, Building 19, 4000 E. 30th, Eugene, OR 97405

SCHOL. GRANT STIPEND AWARD REIMB. MISC.

FROM: _____ EXT: _____ DATE: _____
(Person/Department/Extension)

ACCOUNT TITLE: _____ ACCT. NO.: _____
(Name of Account to Be Drawn From)

PAYABLE TO: _____ CHECK AMT.: \$ _____
Dollars

(Write Out Check Amount)

Checks generally take ten business days to process. Please send check request to us at least ten business days in advance of the date payment is due.

ADDRESS: *(Street)* _____

(City) _____ *(State)* _____ *(Zip Code)* _____

(Student's Id No.) _____ *(Student's Phone No.)* _____

PURPOSE FOR CHECK: _____

(Authorized Signature)

DISPOSITION OF CHECK:

Mail to Payee in Enclosed Envelope

Mail to: _____ Address: _____

Special Instructions: _____

Hold for Pick up. Call: _____ Ext. No.: _____

SIGNATURE: _____ DATE PICKED UP: _____