



CHECK REQUEST FORM

Deliver or Campus Mail to the Foundation
Building 19, Room 270
4000 E 30th Ave, Eugene, OR 97405

*Please send check request to us at least 10 business days in advance of the date payment is due.
You must attach back-up documentation (receipts, invoice, etc.) to support purpose of check.*

Scholarship Grant Stipend Transfer Reimburse Vendor Payment Other: _____

From: _____ **Phone:** _____ **Date:** _____
(Who Completed This Form)

Account Name: _____ **Project #:** _____
(Name of Foundation Account) (4-Digit Account Number)

Payable To: _____ **Check Amount:** \$ _____

(Please Write Out Check Amount – Example: One Hundred and Fifty Dollars and Zero Cents)

We cannot pay employees of the college. Please check the box to confirm the payee is not an employee.

Mailing Address: _____

If Applicable: Student's L#: _____ **Student's Phone#:** _____

College FOAP (If Transfer): _____

Purpose For Check: _____

(Authorized Signer)

(Printed Name of Above)

(Second Signer - if required by your dept)

(Printed Name of Above)

DISPOSITION OF CHECK:

Mail Directly to Payee Hold For Pick-Up. Call: _____ at Ext: _____
Mail To: _____ Address: _____
Special Instructions: _____

FOUNDATION INTERNAL USE ONLY:

Receipt of Check Signature: _____ Date Received: _____
Foundation Authorization: _____ Signer Verification: _____