



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 ten 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)

Mailing Address: _____

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

College FOAP (If Transfer): _____

Purpose For Check: _____

(Department Authorized Signer)

(Department Second Signer if required)

(Printed Name of Above)

(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: _____