

# CHECK REQUEST FORM

Make separate request for each payee

Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Date needed by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

P.O./ Invoice Number: \_\_\_\_\_ Budget Category (Event): \_\_\_\_\_



Please attach receipts:

Receipt Date	Vendor	Description & Purpose	In-Kind Donation Letter Needed	Amount	Account #
			TAX		
			SHIPPING		
			TOTAL		

Circle one:      **Mail Check**      **Hand Delivered**

Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Mail completed form & all supporting documents to:*

**WESTOP SoCal Chapter**  
Attn: Elizabeth Morales Y22

**Long Beach City College Upward Bound**  
4901 E. Carson St.  
Long Beach, CA 90808

Office: (562) 938-3188      Cell: (562) 477-0697      Email: emorales@lbcc.edu

TREASURER USE ONLY

Treasurer Approval	Check #	Date Issued	Check Cleared	QB entry date:
_____	_____	_____	_____	_____