

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: Miguel Zarate Jr.**

**Riverside City College
4800 Magnolia Avenue
Riverside, CA 92506**

Office: (951) 328-3532 Email: miguel.zarate@rcc.edu

TREASURER USE ONLY

<i>Treasurer Approval</i>	<i>Check #</i>	<i>Date Issued</i>	<i>Check Cleared</i>	<i>QB entry date:</i>
_____	_____	_____	_____	_____
