

Division: _____ Campus: _____ Date: _____

Contact: _____ Phone: _____

Payee:

Please make check payable to: _____

Address (Street, City, State, ZIP): _____

Provide brief description & ATTACH ANY PERTINENT DOCUMENTS including ORIGINAL receipts and CTC Link number where applicable.

Check Amount: _____ SCF Fund ID: _____ Budget Number: _____
(if applicable)

A minimum of two signatures is required prior to submission to the Seattle Colleges Foundation. Checks over \$5,000 will require additional time to process. FORMS WILL NOT BE APPROVED WITHOUT FUND ID.

Approved: _____ Date: _____
Dean or Director

Approved: _____ Date: _____
Vice President

Approved: _____ Date: _____
Business Office (for travel and food related expenditures)

<i>For Office of Advancement Use Only:</i>						<i>Check Request #:</i> _____	
Fund	GL	Prog	Des	Restr	Loc	\$	_____
Fund	GL	Prog	Des	Restr	Loc	\$	_____
Fund	GL	Prog	Des	Restr	Loc	\$	_____
_____				_____			
Operations Director				Date		Board Chair (\$5,000) Date	