

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.

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 _____	\$ _____	
_____			Date	_____			Date
Operations Director				Board Chair (\$5,000)			