RESET PRINT

Miramar College foundation

10440 BLACK MOUNTAIN ROAD, SAN DIEGO, CA 92126

ALL FIELDS MUST BE COMPLETED

DATE: _____

REQUESTED BY: _____

DEPARTMENT: _____

TELEPHONE: _____

CHECK REQUEST FORM

PAYEE INFORMATION

NAME :	
ADDRESS 1:	
ADDRESS 2:	
CITY/STATE/ZIP:	
FEDERAL TAX ID:	_____ REQUIRED FOR PAYMENT PROCESSING

CHECK DISTRIBUTION

MAIL CHECK ☐

HOLD FOR PICK UP ☐

ROUTE TO: _____

CHARGE TO:

ACCT NO.	ACCOUNT NAME	AMOUNT
		$
	TOTAL:	$ 0.00

ACCOUNTING USE ONLY

1099	☐
CHECK#	
CK AMT	
USE TAX	$

NOTES

ORIGINAL receipts and invoices must accompany each check request. A **W-9 Form** must be submitted for all new vendors. For reimbursements of event-related expenses, please indicate the purpose of the event, the date, a list of attendees, and attach a copy of the invitation/flyer. If the expenditure is funded by a RESTRICTED FUND, SCHOLARSHIP or PROGRAM GRANT, the Fund Administrator further certifies that the expenditure complies with all applicable regulations of the sponsoring entity. For UNRESTRICTED FUND expenditures, please attach minutes reflecting Foundation Board approval. **ALLOW 5-7 DAYS FOR PROCESSING.**

DESCRIPTION	AMOUNT
	$
SUBTOTAL:	$ 0.00
TAX:	
TOTAL:	$ 0.00

APPROVAL SIGNATURES:

DEPT. CHAIR/ADMINISTRATOR DATE

TREASURER DATE

COLLEGE PRESIDENT DATE

PROCESSED BY: ACCOUNTING DATE