



# CHECK REQUEST FORM

Deliver or Campus Mail to the Foundation  
Building 19, Room 270  
4000 E 30th Ave, Eugene, OR 97405  
(541) 463-5810

**Please send check request to us at least ten business days in advance of the date payment is due.  
You must attach back-up documentation (receipts, invoice, etc.) to support purpose of check.**

Scholarship   Grant   Stipend   Transfer   Reimburse   Vendor Payment   Other: \_\_\_\_\_

From: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Who Completed This Form)*

Account Name: \_\_\_\_\_ Fund #: \_\_\_\_\_  
*(Name of Foundation Account) (4-Digit Account Number)*

Payable To: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

*(Please Write Out Check Amount – Example: One Hundred and Fifty Dollars and Zero Cents)*

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

Student's L# if applicable: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

College FOAP if applicable: \_\_\_\_\_

Purpose for Check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Department Authorized Signer)*  
\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Second Signer if Required by Department)*  
\_\_\_\_\_  
*(Printed Name)*

Mail Directly to Payee   Hold For Pick-Up; Call: \_\_\_\_\_ at Ext: \_\_\_\_\_

Mail To: \_\_\_\_\_ Address: \_\_\_\_\_

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

-----**FOUNDATION INTERNAL USE ONLY BELOW**-----

Check Picked Up By: \_\_\_\_\_ Date: \_\_\_\_\_

LCC Foundation Authorization: \_\_\_\_\_