

## PRINT NAME & SIGNATURE OF PERSON REQUESTING FUNDS

APPROVAL DIVISION DEAN/DEPARTMENT CHAIR

**Authorizing Fund Signatory** 

APPROVAL CINDY GOGA

**Authorizing Fund Signatory** 

CCCF will automatically mail the check to the Check Payee Address above. If you want this check returned to you or someone else write the name & mailing address in this box:

SCAN AND EMAIL COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO <u>FOUNDATIONCHECKS@4CD.EDU</u> COMPLETED CHECK REQUESTS RECEIVED BEFORE 5pm on FRIDAYS will be printed and mailed the following week.