



Barstow College Foundation  
BCC DEPT. FUND REQUEST FORM



CHECK REQUEST

CC REQUEST

DATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PAY FROM: \_\_\_\_\_ Fund

TYPE OF EXPENSE: \_\_\_\_\_  
(Supplies, Fees, Printing, Etc.)

EVENT (if applicable): \_\_\_\_\_

PURPOSE:

DELIVERY OF CHECK:

- Return by Interoffice   
  Call for Pick-up   
  Mail to Vendor   
  Execute Transfer

APPROVALS

REQUESTED BY:	SIGNATURE:	DATE:
AREA SUPERVISOR:	SIGNATURE:	DATE:
DIRECTOR OF FISCAL SERVICES:	SIGNATURE:	DATE:
VP OF ADMIN. SERVICES:	SIGNATURE:	DATE:
FOUNDATION:	SIGNATURE:	DATE: