



LCC HIGH SCHOOL
FOUNDATION

CHECK REQUEST

INSTRUCTIONS:

- Attach receipts, invoices or purchase orders to this request.
- This form is to be used by liaisons, teachers, coaches, event chairs for reimbursement and payment to vendors
- Ensure that all signatures are obtained before submitting to the Foundation for processing.

1. REQUESTER INFORMATION:

Purpose: _____

Club/Team/Committee/Dept.: _____

Requester Name: _____ Role: _____ Phone# _____

2. VENDOR / PAYEE INFORMATION: *Check will be made payable to this information*

Payable To: _____

Contact Email: _____

Contact Name: _____

Contact Phone: _____

Address: _____

City _____ ST: _____ Zip: _____

New Vendor (Note: You will need to provide a W9 before payment will be sent to a new vendor)
Existing Vendor

3. CHECK DETAILS: *Please make sure you provide receipts*

| PROGRAM: | DESCRIPTION: | CODE: | CHECK AMOUNT: |
|---------------|--------------|-------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL: | | | |

Delivery By: **MAIL** **Pick-Up (Foundation Office)** **NOTES:** _____

Is this a budgeted item? **YES** **No** **If No, explain need:** _____

4. SIGNATURES:

Submitted by: _____
Name, Role

Date: _____

Approved by: _____
Coach/Department Head

Date: _____

Approved by: _____
Executive Director / Exec Committee Member

Date: _____

FOUNDATION OFFICE USE ONLY:

Check#: _____ Date Issued: _____ Date Cleared: _____ By: _____