

**Gavilan College Faculty Association**

**CHECK REQUEST**

**Please fill out top portion and staple receipt(s).**

Please draw a check in the amount of \$\_\_\_\_\_ to the order of:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Purpose for which check is drawn (include items purchased, etc.) \_\_\_\_\_

\_\_\_\_\_

Committee (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Deliver Check: Campus Mailbox \_\_\_\_\_ or mail to: \_\_\_\_\_

\_\_\_\_\_

Approved By: \_\_\_\_\_

Date Paid by Treasurer \_\_\_\_\_ Check # \_\_\_\_\_