

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 # _____