



Treasurer's Use Only

Check No. _____

Date Paid _____

WEST CAMPUS FOUNDATION FOR EXCELLENCE CHECK REQUEST

Date _____ Amount \$ _____

Requested by: _____

Date Funds Needed: _____

Reason for Expense: _____

Check made payable to:

Name _____

Address (if mailed) _____

FOR BOARD USE ONLY

Received By: _____ Approved by Board on: _____

Amount approved: \$ _____

Special Instructions: _____

President or Vice President Signature: _____