**GSC Foundation Check Request Form**

**Date:** Click here to enter a date.

Name:Click here to enter text.

Organization:Click here to enter text.

Amount: **$** Click here to enter text.

Description of expense and how it meets the fund purpose:Click here to enter text.

Make Payment to:Click here to enter text.

Address:Click here to enter text.

Click here to enter text.

[ ] **Please Mail** [ ] **Will Pickup**

Please attach all vendor invoices. For reimbursements attach all receipts.

If this is an online purchase that needs made with a credit card, please paste website URL and provide any further information needed for purchase. :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Org. Faculty/Staff Rep. Signature & Date

**NOTE:** The Foundation cuts checks on the 1st and 15th of each month, if one of those dates falls on a weekend or holiday call in advance to find out the substitute date. Please have your requests in by NOON the business day before check cutting day. They may be emailed to Mandi.lucas@glenville.edu. If there are no unforeseen circumstances, checks will be ready by noon the day after processing.