

**PALOMAR COLLEGE FOUNDATION
ACCOUNT WITHDRAWAL FORM/CHECK REQUEST**

NAME AND/OR NUMBER OF ACCOUNT _____

I hereby certify that I am the authorized person for this account and that the following is an accurate and legitimate statement of monies to be spent from this account.

I also certify that monies requested are not for personal use or for political purposes, but are to be used solely in support of Palomar College.

I understand that adequate documentation is required prior to advance check request. If purchases have been made, then I have attached proper receipts for reimbursement. If receipts are not available, I will give the Foundation proper receipts as soon as they are available. By my signature on this document I agree to all the above conditions.

Print authorized signer's name: _____

Authorized signer's signature: _____ Date _____

Dept Chair signature: _____ Date _____

Dean's signature: _____ Date _____

Today's date: _____

Items to be purchased and justification of expense: _____

Amount of this check request: \$ _____

Payable to: _____

Check to be mailed to:* _____

***Attach self-addressed envelope, postage paid or imprinted with Department name.**

Please call when check is ready: _____ ext. _____

Check to be picked up by: _____

Please allow five (5) working days for the Foundation Office to process your check.

Fund balance/authorized signature reviewed by: _____
Kayla Kelsey, Accountant Date _____

Approved by: _____
Stacy Rungaitis, Executive Director Date _____