|  |  |  |
| --- | --- | --- |
| 9101 Fayetteville Road  Raleigh, NC 27603  Phone 919.866.5924 | | Invoice No. |
| STUDENTCHECK REQUEST |
| If you are requesting the Foundation issue a check to an individual or company please fill out this form. All Forms must be approved by the Fund Proprietor. Please send Form along with a copy of your invoice, order form, receipt or other supporting documentation to: *Wake Tech Foundation Attn. Heather Buck* | | |
| **MAKE CHECK PAYABLE TO:** | **Student Name & Information:**  Name:  Wake Tech ID:  Address: | |

|  |  |  |
| --- | --- | --- |
| **REQUEST DATE:** | **TOTAL PAID** | **REASON FOR REQUEST** |
|  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT #**  **For Foundation use** | **DESCRIPTION** | **FUND ID** | **TOTAL** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

**Delivery Instructions:**

Send interoffice mail to Fund Proprietor

Fund Proprietor will pick up check from Foundation

Mail check to address listed above

|  |  |
| --- | --- |
| Other |  |

**Additional Information**

**Comments/Notes:**

*Please allow up to 5-10 business days for checks to be approved and processed through the Foundation office.*

**Approval**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | (     ) | |  | - |  |
| Fund Proprietor | Date | | Phone: | | | |

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

Foundation, Executive Director Date