|  |  |
| --- | --- |
| 9101 Fayetteville RoadRaleigh, NC 27603Phone 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:       |

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

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

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Foundation, Executive Director Date