

# Chadron State Foundation

## Custodial Checking Account

### Check Request Form

These accounts are not monitored by the Foundation.

#### **GUIDELINES FOR CHECK PROCESSING:**

1. STAPLE original or copies of all bills, invoices, receipts or statements to BACK of this form.
2. **Checks & Check requests** will be returned to the fund controller for recordkeeping purposes.
3. Reference Invoice numbers or Dates when available.

Pay to the Order of: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### **CHECK REQUEST INFORMATION:**

Account Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
(required for payments to individuals for services rendered)

Invoice number or date: \_\_\_\_\_

Description/Purpose of check request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

Requested by: Fund Controller \_\_\_\_\_

Approved by: Appropriate Department Chair or Dean  
Athletic Director for athletic requests  
Sponsor for club requests