



FOOTHILL-DE ANZA
Community College District

DISTRICT ACCOUNTS PAYABLE OFFICE

FOUNDATION DIRECT PAY REQUEST
(DO NOT USE FOR MILEAGE, TRAVEL, OR PROFESSIONAL SERVICES)

DATE OF REQUEST: _____

DATE CHECK REQUIRED: _____

BANNER ID:
BANNER INV:
For Accounting Use Only

MAKE CHECK PAYABLE TO:
PLEASE PRINT

REMIT TO ADDRESS:
PLEASE PRINT

PAYMENT FOR: (PROVIDE COMPLETE EXPLANATION AND ATTACH ORIGINAL RECEIPTS)

Required:

FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT
TOTAL				

REQUESTED BY: _____
First & Last Name (PLEASE PRINT)
EXT
SIGNATURE (Required)

APPROVED BY: _____
First & Last Name (PLEASE PRINT)
EXT
SIGNATURE (Required)