MILES COMMUNITY COLLEGE

Miles Community College Foundation

PAYMENT REQUEST FORM

ATHLETIC TEAM: _____

PERSON MAKING REQUEST: _____

EXPENSE: _____

REQUEST AMOUNT: _____

PAYABLE TO: _____

ATTACH INVOICE, ITMEZED LIST, OR OTHER SUPPORTING DOCUMENTATION

_____
SIGNATURE

_____ _____
ATHLETIC DIRECTOR'S SIGNATURE DATE

_____ _____
DIRECTOR OF INSTITUTIONAL ADVANCEMENT'S SIGNATURE DATE

_____
DATE CHECK WRITTEN BY FOUNDATION

_____
INFORMATION ABOUT CHECK DELIVERY (IN PERSON, THROUGH THE MAIL, DATE SENT OUT, IF A THANK YOU NOTE WAS INCLUDED, ETC)