



Total Amount: _____

Select:

Request for payment: \$ _____ Claim Submitted By: _____

Request for deposit: \$ _____ Date: _____ Phone: _____

Specify:

Scholarship/Grant/Account Name: _____

Foundation - General	
<input type="checkbox"/>	President's Circle - Unrestricted
<input type="checkbox"/>	Extended Opportunity Programs and Services (EOPS)
<input type="checkbox"/>	Puente
<input type="checkbox"/>	Athletics
<input type="checkbox"/>	Music
<input type="checkbox"/>	Other:

Special Instructions: Hand Delivery, Mail, etc.

Select Type: Name _____

Donor Address _____

Payable to: Phone _____

Reimburse to: Amount \$ _____

Thank You Letter:

Sent By Recipient

Sent By GCEF

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

Please attach invoice. Payment cannot be made without it.