

Send completed form to Accounts Payable, Mail Station #6

MIRACOSTA COLLEGE CHECK REQUEST

<p>Check Applicable Box ↓</p> <p><input type="checkbox"/> EOPS</p> <p><input type="checkbox"/> CARE</p> <p><input type="checkbox"/> Summer Bridge</p> <p><input type="checkbox"/> Other (Please specify)</p>	<p><i>Fiscal Office Use Only</i></p> <p>This space is for date received stamp, voucher number and paycycle.</p>
<p>APPROVED BY: _____</p> <p>DATE: _____</p>	

PLEASE NOTE: - A Student Accounts screen print of the student address panel must be attached by requestor before processing will occur.

Check Request

Payable to: _____ Student Reference: _____
 Name _____
 ID # _____

You must complete the following funding information

Fund	Account	DeptMgr	Project	Program	FundSrc	
Fund	Account	DeptMgr	Project	Program	FundSrc	\$ _____
11	751100	530	00000	7321	1311	EOPS \$ _____
Fund	Account	DeptMgr	Project	Program	FundSrc	
11	751100	530	00000	7321	1318	CARE \$ _____

DISBURSEMENT DATE: _____

**Total
Check** \$ _____