

# SDSMT Foundation Check Request

Date

Payable To: Address:	<input type="text"/>
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Amount:	<input type="text"/>
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Account to be charged:	<input type="text"/>
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Check in payment for:	<input type="text"/>
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Comments:	<input type="text"/>
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**All check requests must include acceptable documentation before a check will be processed.**

Authorized for payment by:

Title:

Telephone number: