

# SDSMT Foundation Check Request

<b>FOR FOUNDATION OFFICE USE ONLY</b>
CHECK NUMBER: _____
PICKED UP BY: (signature) _____
(printed) _____
DATE: _____

Date:

Payable To Name:

Payable To Address:

Amount:

Account to be charged:

Check in payment for:

Department responsible  
for picking up check:

**All check requests must include acceptable documentation before a  
check will be processed.**

Authorized signature:

Printed name:

Title:

Phone: