



REQUEST FOR DISBURSEMENT

The Friends of Chabot College
25555 Hesperian Blvd, Hayward, CA 94545
(510)723-6810
friendsofchabot@chabotcollege.edu

FRIENDS OF
CHABOT
COLLEGE
FOUNDATION

PROGRAM FUNDING	SCHOLARSHIP FUND	ENDOWED SCHOLARSHIP FUND
DATE SUBMITTED	CHECK AMOUNT	NAME OF REQUESTOR:
	\$	

ACCOUNT INFORMATION FUNDS WILL BE DISBURSED FROM (FCC USE ONLY)

Number: Account Name:

TO REQUEST TO HAVE YOUR DISBURSEMENT ISSUED VIA **CHECK**

Payable to: Name: *
W#: *
Email: *
Address: *
City: *
State: * Zip Code: *

TO **TRANSFER** DISBURSEMENT TO ANOTHER ACCOUNT

Transfer to:
Account Number:

Account Name:

DELIVER PAPER CHECK VIA

CAMPUS MAIL

USPS

PURPOSE/JUSTIFICATION/EVENT INFORMATION

Please attach **all original receipts or invoices** to a **separate piece of paper**. Please use one line per receipt when completing the spaces below.

NAME & DATE OF EVENT	INVOICE # OR ITEM DESCRIPTION	AMOUNT

OVERALL TOTAL: \$

Authorized Signatures

Requested by (Print)	DATE	Signature	DATE
Dean/Area Manager (Print)	DATE	Signature	DATE