



# REQUEST FOR DISBURSEMENT

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



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#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TO **TRANSFER** DISBURSEMENT TO ANOTHER ACCOUNT

**Transfer to:**  
Account Number:  
  
Account Name:

<b>DELIVER PAPER CHECK VIA</b>
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 _____