FOOTHILLS
COMMUNITY
FOUNDATION

FCF CHECK REQUISITION

Date Received_____ **Date Required***_____

Program/Committee: _____

Pay to: _____

Address: _____

City_____ **State:** _____ **Zip:** _____

Amount of Expenditure: _____

Is this an approved budget line item: (circle one) **Yes** **No**

Charge to account: _____ _____
(Chart Account #) **(Chart Account Class)**

Reason for Expenditure: _____

Authorizing Signature: _____
(Executive Director, Division Chair, Program Chair or Designee)

****NOTE****ALL REQUESTS OVER $1,000 AND UNBUDGETED REQUESTS OVER $500 REQUIRE ADVANCE APPROVAL BY EXECUTIVE COMMITTEE AND TREASURER. ******

Authorizing Signatures: _____ _____
(For Executive Ccommittee) (Date) (Treasurer) (Date)

PLEASE ATTACH ORIGINAL BACK-UP DOCUMENTATION
(Invoice, sales receipts, correspondence, etc.)

***PLEASE NOTE: CHECKS WILL BE CUT ON TUESDAY & THURSDAY**
Check Requisitions received with adequate account designation and authorization:

- Requests received Thursday PM through Monday PM – **will be processed Tuesday**
- Requests received Tuesday AM through Wednesday PM – **will be processed Thursday**

Please be reminded that checks over $1,000 require two signatures and may require additional time for processing.

Questions: Please contact Bre or Barbie at (480) 488-1090
Thank you for your cooperation!