CABRILLO COLLEGE FOUNDATION (CCF)

6500 Soquel Drive
Aptos, California 95003
Tel 831-479-6338 FAX 831-477-5686

CHECK/PURCHASE ORDER REQUEST

Check one of the following boxes:

☐ **Issue Check**
(includes fund transfers)

☐ **Issue Purchase Order**
Does this equipment replace existing equipment? _____

Date:_____

Requested By:_____
(print name)

Division/ Dept:_____Phone #:_____

Warehouse Deliver to:_____

CCF Account Title:_____

CCF Account #:_____

Please attach original receipts and proof of delivery (i.e. packing slip) for reimbursements

Payee/ Vendor: _____

If you have not previously been paid by the Cabrillo College Foundation please include a W-9.

Cabrillo College Employee? Yes ☐ No ☐

Address:_____

_____

E-mail:_____

Phone #:_____

Mail Check:_____ Pick Up Check:_____

Description	Amount

SIGNATURE OF AUTHORIZED SIGNER FOR ACCOUNT:_____

SIGNATURE OF YOUR DEPARTMENT DEAN OR YOUR VICE PRESIDENT: _____
(in the absence of your Dean)

SUBTOTAL_____
SALES TAX_____
SHIPPING_____
TOTAL_____