

# Check Request/Transfer

- Associated Students  Ancillary (college)  Community Education
- Foundation  Cafeteria  Sailing  CCCD Enterprises  IEC@OCC    Date \_\_\_\_\_

1. Please issue a transfer in the amount of: \$ \_\_\_\_\_

Transfer from Account #: \_\_\_\_\_

To Account #: \_\_\_\_\_

2. Please issue a check in the amount of: \$ \_\_\_\_\_

Charge Account# \_\_\_\_\_

**Payable to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date required:** \_\_\_\_\_

Hold

Mail \_\_\_\_\_

Payment for: \_\_\_\_\_

Requestor: \_\_\_\_\_

\_\_\_\_\_

Approval: \_\_\_\_\_

*Please attach receipts/invoices/etc.*

*Advisor/Administrator*