|  |
| --- |
| PAYMENT VOUCHER REQUEST |
| Private gifts are payable to the Tacoma Community College Foundation, A not-for-profit 501 (c )(3) corporation that accepts and administers philanthropic support for the college |



|  |  |  |
| --- | --- | --- |
|  | SHADED AREAS ARE TO BE COMPLETED BY THE FOUNDATION |  |
|  |
| Date |   | MIP # |  |
| Payee |  |  Fiscal Clerk:  |  |
| Address(If a NEW Vendor) |  |  Fiscal Analyst or VPIA: |  |
|  |  |  |
|  | City | State | Zip |  |  |

|  |
| --- |
| \*\*\*INDIVIDUAL FORMS MUST BE COMPLETED FOR EACH PAYEE\*\*\* |
|  | Amount |  | Fund No. |  | Fund Name |  | GL |  | Type |  | Category |  | Dept |  | Activity |  | Restriction |
| 1 |  |  |   |  |  |  |  |  |  |  |   |  |  999 |  |  999 |  |   |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  999 |  |  999 |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  999 |  |  999 |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  999 |  |  999  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  999 |  |  999 |  |  |
|  |  | Transaction Total |  |  |
|  |

|  |
| --- |
| Comments:  |
|  |
|  |
|  |
| SIGNATURE VERIFICATIONI hereby certify that the information provided on this form is true, correct and complete and that there is no willful misrepresentation or falsification of any information.  |
|  |
| Fund Manager or Authorized Designee Signature**­­­­­­­­­­­­­­­­­­­­­Print Name** |  | Date |
|  |