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| 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 |



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|  | | 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 | |  |  | |

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| \*\*\*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 | | | | | | |  | | | | | |  | | | |
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| Comments: | | |
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| SIGNATURE VERIFICATION  I 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 |
|  | | |