**POTSDAM COLLEGE FOUNDATION, INC.**
The State University of New York at Potsdam
44 Pierrepont Avenue
Potsdam, New York, 13676
Phone (315) 267-2147

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Address ____________________________


**CHECK REQUEST**

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**APPROVALS**
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(Please print or type name)
Phone # ____________________________

Approved by __________________________


**INVOICE NUMBER** | **INVOICE DATE** | **DESCRIPTION** | **INVOICE AMOUNT** | **ACCOUNT NUMBER** | **EXPENSE AMOUNT** |
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Date Issued __________________________
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Keep pink copy for your records; yellow copy will be returned with the check.
Checks may be picked up in Raymond 616.