



PAYMENT REQUEST FORM

Date: _____
 Student's Name: _____
 Student's College: _____
 Student ID: _____
 Mentor's Name: _____
 Mentor's Email: _____

- A student ID number is required for all payments made directly to the college.
- Mentor verifies by submitting this form that they have authorized this payment.
- If required, copies of receipts should be included with the payment request.

<p>DATE PAYMENT IS DUE: _____</p> <p>Expense Allocation:</p> <p>Tuition and Fees \$ _____</p> <p>Books and Supplies \$ _____</p> <p>Room and Board \$ _____</p> <p>Equipment \$ _____</p> <p>Other (explain) \$ _____</p> <p>Total \$ _____</p>	<p>Make check payable to:</p> <p>_____</p> <p>Address to send payment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Special instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>To submit, email this form to: Dede Huffman at huffman.dede@gmail.com</p> <p>For Questions, email Dede or contact her at: (650) 224-1749</p>	<p><u>For office use only</u></p> <p>Check #:</p> <p>Date:</p> <p>Amount:</p>
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