

Account	Fund	Department	Program	Class	Project

**Humboldt State University  
General Checking  
Check Request**

Check No: \_\_\_\_\_ Ck. Date: \_\_\_\_\_  
 Date Requested: \_\_\_\_\_ Type Init: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

I hereby certify upon my own personal knowledge that funds are available for the period and purpose of the above expenditure.

\_\_\_\_\_

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