

FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

Request for New Foundation F Code

Date of Request: _____

Name of Account: _____

Campus: _____

Purpose of the Account: _____

Authorized Account Signers: _____

To be completed by Foundation

Object Code: _____

Payroll Deduction: _____ Yes _____ No

F Code: _____

Prepared By: _____

____ Cashier's Copy

____ Payroll Office Copy

____ Office/Audit Copy