

PAYMENT (CHECK) REQUEST

ATTACH ORIGINAL SUPPORTING DOCUMENTATION, INCLUDING INVOICES, RECEIPTS, AND/OR FLYERS

FORM MUST BE FILLED OUT ELECTRONICALLY THEN PRINT AND SIGN

FOUNDATION USE ONLY DATE PRINTED: ACCOUNT BALANCE: PEID:

NAME DATE INDIVIDUAL CORPORATION/INCORPORATION

ADDRESS

STREET CITY STATE ZIP

PAYMENT INFORMATION

PAYMENT AMOUNT: SOCIAL SECURITY NUMBER OR FEDERAL TAX ID (IF CORP)

Foundation Account # <input type="text"/>	Object Code <input type="text"/>	Amount charged to this account: <input type="text"/>
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DESCRIPTION/JUSTIFICATION

PLEASE PROVIDE A DESCRIPTION/JUSTIFICATION OF THE EXPENDITURE(S)

CHECK DISTRIBUTION PREFERENCES

MAIL CHECK TO ADDRESS ABOVE N/A (DIRECTPAY) CALL NAME EXTENSION

FOR QUESTIONS REGARDING THIS CHECK REQUEST, FOUNDATION SHOULD CONTACT:

NAME EMAIL EXTENSION DEPARTMENT

SIGNATURES (For Philanthropic accounts, amounts over \$750.00 must receive Dean or VP approval)

AUTHORIZED ACCOUNT SIGNER DATE PAYEE'S SUPERVISOR DATE

DEAN/V.P. APPROVAL (FOR PHILANTHROPIC ACCOUNT AMOUNTS OVER \$750.00)

FOUNDATION DATE

PAPERWORK DEADLINE:	CHECKS READY BY:
IN BY NOON THURSDAY	TUESDAY @ 4PM
IN BY NOON TUESDAY	FRIDAY @ 4PM