

PAYMENT REQUEST

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

FORM MUST BE FILLED OUT ELECTRONICALLY AND SIGNED

FOUNDATION USE ONLY DATE PRINTED: ACCOUNT BALANCE: PEID:

PAYMENT INFORMATION

 INDIVIDUAL CORPORATION/LLC

VENDOR NAME DATE

STREET ADDRESS CITY STATE ZIP

ACCOUNT INFORMATION

| | | |
|----------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FOUNDATION ACCOUNT # | OBJECT CODE | AMOUNT CHARGED TO THIS ACCOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FOUNDATION ACCOUNT # | OBJECT CODE | AMOUNT CHARGED TO THIS ACCOUNT |
| TOTAL AMOUNT | | <input type="text"/> |

DESCRIPTION/JUSTIFICATION

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

PAYMENT DISTRIBUTION PREFERENCES

MAIL TO ADDRESS ABOVE EFT/DIRECTPAY FN OFFICE CARD PICK UP

NAME EXTENSION

FOR QUESTIONS REGARDING THIS PAYMENT REQUEST, FOUNDATION SHOULD CONTACT:

NAME EMAIL EXTENSION DEPARTMENT

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

| | | | |
|---------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| AUTHORIZED ACCOUNT SIGNER | DATE | PAYEE'S SUPERVISOR | DATE |
| <input type="text"/> | <input type="text"/> | | |
| DEAN/V.P. APPROVAL | DATE | | |
| <input type="text"/> | <input type="text"/> | | |
| FOUNDATION APPROVAL | DATE | | |

| | |
|----------------------------|--------------------------|
| PAPERWORK DEADLINE: | PAYMENT READY BY: |
| IN BY NOON TUESDAY | FRIDAY @ 4PM |