



UNIVERSITY OF
SOUTH CAROLINA

University Foundations

CHECK REQUEST FORM

Prepared By: _____
Department: _____
Phone #: _____
Date: _____

COMPLETE AND REMIT TO:

1027 Barnwell Street
Columbia, SC 29208

Check Request Questions: (803) 777-4128 or 777-6639
Fax: (803) 777-8700

Would you like to pick up the check
at the Foundations Office? ☐ YES*

*Name & Number to Call for Pick-up

Received at University Foundations:

VENDOR ID: _____

Alternate Address? ☐

PAYEE INFORMATION:

Payee Name

Payee Address / Campus Address - Line 1

Payee Address / Campus Address - Line 2

Payee City, State, ZIP

INVOICE INFORMATION (if applicable):

Invoice Number(s): _____

Customer ID: _____

DETAILED DESCRIPTION OF EXPENSE & THE BENEFIT TO USC: (applicable forms should be attached to the check request)

Has a TRV/DEV been filed? ☐ YES* ☐ NO

*If YES, a copy must be attached to this request.

Contractual / Honorarium? ☐ YES* ☐ NO

*If YES, complete #1-4

1. Payee SSN: _____

2. Is Payee a US Citizen / Permanent Resident? ☐ YES ☐ NO

3. Is Payee a University Employee? ☐ YES ☐ NO

4. Dates services were performed: _____

VERIFIED BY PAYROLL OFFICE:

Foundations Initial To Verify Email Attached

TO BE PAID FROM:

Foundations Project ID(s)

Foundations Project Name(s)

CHECK REQUEST AMOUNT:

\$ _____

By signing below, I certify that the above expenses are in compliance with the applicable gift agreement(s), are ordinary and necessary business expenses of the University or of Foundations, and have not been reimbursed from any other source, and that all approvals as required by Foundation policy have been obtained.

University Departmental Approval

University Provost / Designee (if request is greater than \$1,000)

Other University Approval, as required by policy

FOR FOUNDATIONS USE ONLY:

Account Code	Project ID	Amount	Breakdown	Attribute(s)	1099 Box #	AP TASK CHECKLIST:		
-						W-9 on File		Data Entry
-						Entity Type		Exception
-						Gift Agreement		Payroll Email
-						Signatory		Payroll Sprdsht
-						Original Docs		Controller Email
-						Recalculated		Balance
-						Meets Policy		Second Audit

University Foundations Approval (if greater than \$5,000)

DATE: _____

CHECK NUMBER: _____