

Date \_\_\_\_\_

### PAYEE CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

#### Check should be:

☐ Mailed to Payee

☐ Held for Pick-Up by Payee

Check Received on: \_\_\_\_\_ (date)

Signature: \_\_\_\_\_

### PAYMENT INFORMATION

Brief Explanation of Expenditures:

**Original receipts and invoices must accompany each check request. Please attach the following for:**

**New Vendors-** Foundation Vendor Data Record form

**Services Provided-** Copy of pre-approved Independent Contractor forms: Hold Harmless Waiver and Employee Determination

**Event Expenses-** Event Proposal Submission Form

**Hospitality Expenses-** Copy of pre-approved Hospitality Expense Approval form

**Alcohol-** Copy of pre-approved Request for Use of Alcohol Form

Account: \_\_\_\_\_ Fund \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_ **Amount** \_\_\_\_\_

Account: \_\_\_\_\_ Fund \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_ **Amount** \_\_\_\_\_

Account: \_\_\_\_\_ Fund \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_ **Amount** \_\_\_\_\_

Contact Person for Questions: **Total** \_\_\_\_\_

Name \_\_\_\_\_ Ext: \_\_\_\_\_

### STATEMENT OF PAYEE

I certify that this expenditure is reasonable and necessary for the University's mission and operations.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZED FUND SIGNATURES

Request over \$2,000 requires two signatures.

The expenditures are reasonable and necessary for the University's mission and operations.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR FOUNDATION USE ONLY

Vendor # \_\_\_\_\_ Voucher # \_\_\_\_\_

Foundation Approval \_\_\_\_\_ Date \_\_\_\_\_