

Request for Funds

Reimbursement, payment requests, and Foundation fund disbursements

REQUEST DETAILS

REQUESTOR NAME	AMOUNT REQUIRED	DATE NEEDED
_____	_____	_____
DEPARTMENT	EXTENSION	ACCOUNT # (FOR RESTRICTED ACCOUNTS)
_____	_____	_____

CATEGORY OF ITEM REQUESTED

Scholarship Equipment / supplies Specialty Other

NAME AND DESCRIPTION OF ITEM(S) REQUESTED

PURPOSE

MAKE CHECK PAYABLE TO

APPROVALS

Requestor

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

Department Chair

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

Dean

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

Vice President

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

FOUNDATION USE ONLY

CHECK #	DATE PAID	PROCESSED BY
_____	_____	_____