

## Withdrawal Request Form

Please submit a Withdrawal Request Form to the accounting department no later than 2:00 pm on Tuesday. The Withdrawal Request Form needs to be completed and signed by the advisor or person with signature authority for the fund. Attach all detailed receipts, invoices, etc. that document the expenditure. Please note that the Foundation will only reimburse actual expenditures and cannot issue payments based on per diem. All bills must be submitted to the Foundation within 30 days of invoice for payment. Checks are issued weekly on Wednesday and sent out on Thursday by either intercampus or mail.

Once disbursement is made a copy of this form will be returned to you for your records.

		Foundation Use O	nly:	
		Invoice Numb	per:	
Fund:		Fund Number	r:	
		Expense Acco	ount:	
Amount:		Description:		
Purpose:				
Payable To	:	Send To:		
Name	:	Name:		
Address	:	Address:		
Signature <i>i</i>	Authority Approval:			
Date	Signature		(Print or Type)	
Over \$5,00	0 or \$50 Reimbursment to S	Signature Authority Dean Appro	oval:	
Date	Signature		(Print or Type)	
Foundation	ı Approval:			
Date	Signature			Revised 7/31/2017