



# VSU Foundation Check Request

Return completed request and documentation to Advancement Services.

Date: \_\_\_\_\_

Requested By (Print): \_\_\_\_\_

Contact Dept & #: \_\_\_\_\_

VP/Dean Approval: \_\_\_\_\_

Dept Head Approval: \_\_\_\_\_

Foundation Acct #: \_\_\_\_\_

Foundation Acct Name: \_\_\_\_\_

Available Balance: \_\_\_\_\_

Check Payable to: Title (Circle one): Dr. Mr. Mrs. Miss Ms.

Suffix (Circle one): Sr. Jr. I II III

Vendor's Name: \_\_\_\_\_

Last (Business/Organization Name) First M.I.

Vendor's Address: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Reason/Description: \_\_\_\_\_

1099 (Circle One): Yes No FEI or SSN #: \_\_\_\_\_

Return Check to Requestor Via Intra-Campus  Mail Check to Address Provided

Pick-Up at Foundation by: \_\_\_\_\_ Pick-Up Contact #: \_\_\_\_\_

\*\*\*Please attach all original receipts, invoices or additional information\*\*\*

\*\*\*FOR FOUNDATION USE ONLY\*\*\*

Foundation Approval:

Date Check Issued:	Check #:	Amount:	Clerk:
Request Received Date:	Check Picked-Up By:		
	Receiver:	Date:	