



# VSU Foundation Check Request Form

Date

## VSU Foundation, Inc.

Address 1500 N. Patterson St. • Valdosta, GA 31698-0213

Phone 229.333.5939 • Fax 229.259.2558 • Web [www.valdosta.edu/adv](http://www.valdosta.edu/adv)

REQUESTED BY (PRINT)

PHONE NUMBER

APPROVED BY PRESIDENT / VP / DIRECTOR OF ATHLETICS

DATE

APPROVED BY DEAN

DATE

APPROVED BY DEPARTMENT HEAD

DATE

FOUNDATION ACCOUNT NUMBER

FOUNDATION ACCOUNT NAME

AVAILABLE BALANCE

Make Check Payable To: TITLE (Select One) Dr. Mr. Mrs. Miss Ms.  
SUFFIX (Select One) Sr. Jr. I II III

Vendor's Name: LAST (BUSINESS / ORGANIZATION NAME) FIRST M.I.

VENDOR NUMBER

VENDOR ADDRESS CITY STATE ZIP

INVOICE #

CHECK AMOUNT

Reason / Description:

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

Return Check to Requester Via Campus Mail

Pick-Up at Foundation By: \_\_\_\_\_

Mail Check to Address Provided

Pick-Up Phone #: \_\_\_\_\_

☐ *Travel Certification (If applicable): I certify that I have obtained prior travel approval per the USG Business Procedures Manual § 4.1 (Travel Authorization) and Valdosta State University policies. I understand this approval is required before requesting or receiving travel funding from the Valdosta State University Foundation.*

[https://www.usg.edu/business\\_procedures\\_manual/section4/C1039/](https://www.usg.edu/business_procedures_manual/section4/C1039/)

☐ *Software Certification (If applicable): I certify that all software for which I am requesting funding has received proper IT and cybersecurity approval in accordance with USG BPM § 12 (Cybersecurity Program Policy) and VSU IT standards. I acknowledge the VSU Foundation is not liable for any security breaches or incidents related to software purchased with Foundation funds.*

[https://www.usg.edu/business\\_procedures\\_manual/section12/C1371/](https://www.usg.edu/business_procedures_manual/section12/C1371/)