# VALDOSTA STATE UNIVERSITY FOUNDATION

# VSU Foundation Request for ACH Reimbursement

Date:

Payee:

Payee Address:

Payee Phone:

Payee email address:

Requestor:

**Department Head Approval:**

**Dean Approval:**

**President, Vice President, or Athletic Director Approval:**

Fund Number:

Fund Name:

Fund Balance:

Items to be Reimbursed:

Reason:

Payment Amount: _____

☐ *By clicking this box, I understand my responsibility to provide the Foundation with the required credit authorization for ACH files. I also understand that this ACH request must be approved by either the Dean of the College, Vice President, or Director of Athletics. Additionally, I recognize that the Foundation and its employees must adhere to the procedures governing ACH disbursements. I acknowledge that if any information provided is incorrect, this request will be denied until the form has been corrected by the initiator.*

☐ *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/)