



VALDOSTA STATE UNIVERSITY
FOUNDATION

VSU Foundation Check Request Form

VSU Foundation, Inc.

Address 1500 N. Patterson St. • Valdosta, GA 31698-0213
Phone 229.333.5939 • Fax 229.259.2558 • Web www.valdosta.edu

Date

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

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/*

☐ *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/*

FOR FOUNDATION USE ONLY

Foundation Approval:

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