



WCSU FOUNDATION DISBURSEMENT REQUEST FORM

Request Date: _____

DEPARTMENT: _____ PROGRAM/FUND _____
(Contact Maria Veilleux for fund name.)

Check Payable To: _____ Invoice No. _____

Address:

Is payee a WCSU employee or student?

If yes, please check the one below that apply

Faculty Staff Student

Banner ID # _____

Is this a payment for services rendered? Yes No

If payee is an independent contractor, is W-9 attached or on file? Yes No If no, obtain form at <http://www.irs.gov/pub/irs-pdf/fw9.pdf> Complete and attach along with invoice from independent contractor.

REASON FOR PAYMENT – Provide detailed explanation	\$ Amount	For Foundation Use Only:
TOTAL Amount Requested from Foundation ▶		

Attach Original Documentation

Requested by (Print Name): _____ Tel. Ext. _____ Date _____

Approved by Dept. Chair: _____ Tel. Ext. _____ Date _____
Your signature attests to the validity of the expense

Approved by Dean/A.D. _____ Date _____

Approved by Vice President/Provost or President: _____ Date _____

Mail Check to Payee Hold for Pickup

Below for Foundation Business Office Use Only

Reviewed By: _____ Date: _____
Finance Assistant

Approved By: _____ Date: _____
Foundation Representative

Check # _____ Mail Date: _____

Retain Copy of Request Form & Receipts For Your Records.
No Copies Will Be Forwarded After Payment. - Questions? Call 837-8479

_____	Fund
_____	Beginning Balance
_____	Request Amount
_____	Ending Balance