

# 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

Is this a payment for services rendered?    Yes    No

Banner ID # \_\_\_\_\_

**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:
<b>TOTAL Amount Requested from Foundation ►</b>		

*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: \_\_\_\_\_

_____	Fund
_____	Beginning Balance
_____	Request Amount
_____	Ending Balance

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