



FAIRMONT STATE FOUNDATION

REQUEST FOR PAYMENT FORM

Date: _____

REQUESTOR'S NAME: _____

Phone: _____

PURPOSE OF TRANSFER:

CHECK MADE PAYABLE TO: _____

AMOUNT: _____

FOUNDATION FUND TO BE CHARGED: _____

Check to be mailed to _____

Check to be picked up

Requestor's Signature: _____
Date

Approved By: _____
(Dean/Provost) Date

Additional Signatures (if applicable) for disbursements of \$5,000 or higher:

_____ Provost	_____ Date

_____ President	_____ Date

(Please include supporting documentation such as invoice, receipts, etc.)

Requests are due to the Foundation office by noon on Thursday of any given week. Checks will be processed Thursday and returned to the requester no later than 2 pm on Friday (assuming no unforeseen circumstances).

RETURN TO:

FSU FOUNDATION – EAC