



# 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

Authorized Signer: \_\_\_\_\_  
(Dean/Provost/CFO) Date

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

_____ Provost	_____ Date
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_____ President	_____ Date
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(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