



FAIRMONT STATE FOUNDATION

REQUEST FOR PAYMENT FORM - ATHLETICS

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

EXPENSE CLASSIFICATION (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---------------------------------------|------------|------------------------|
| Recruiting | Guarantee | Fundraising Activities |
| Team Lodging | Team Meals | Team Transportation |
| Uniforms | Equipment | Transferred to State |
| Other Expenses (Please Explain) _____ | | |

Requestor's Signature: _____
Date

Athletic Director's Approval: _____
Date

President's Approval: _____
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