



# FAIRMONT STATE FOUNDATION

## REQUEST FOR PAYMENT FORM - ATHLETICS

Date: \_\_\_\_\_

REQUESTOR'S NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

PURPOSE OF TRANSFER: *( for scholarship payments include student name and semester)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 | Scholarship |
| Team Lodging                          | Team Meals | Team Transportation    |             |
| Uniforms                              | Equipment  | Transferred to State   |             |
| Other Expenses (Please Explain) _____ |            |                        |             |

Requestor's Signature: \_\_\_\_\_  
Date

Athletic Director's Approval: \_\_\_\_\_  
*I attest that this expense is not contrary to any NCAA rules or regulations with respect to the use of unrestricted funds* Date

Financial Aid Approval: \_\_\_\_\_  
*Required for all scholarship expenses.* 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