



ATHLETICS PAYMENT/REFUND
REQUEST FORM

DATE: _____

PAY TO: _____

ADDRESS: _____

PAY TO: CURRENT STUDENT FACULTY / STAFF OTHER
SEND VIA: MAIL TO ADDRESS HOLD FOR PICKUP CAMPUS MAIL

PAYMENT AMOUNT: \$ _____

FOUNDATION FUND NUMBER: _____

FOUNDATION FUND NAME/DESCRIPTION: _____

EXPENSE DESCRIPTION: _____

**IF CHECK IS TO BE DEPOSITED INTO MWSU UNIVERSITY BUDGET,
THE FOLLOWING BUDGET INFORMATION IS REQUIRED:**

UNIVERSITY FUND #: _____ ORGANIZATION #: _____ PROGRAM #: _____

REQUESTED BY:

APPROVED BY ATHLETICS ACCOUNTANT:

APPROVED BY FOUNDATION ASST.
DIRECTOR/FINANCIAL OFFICER:

APPROVED BY VP OF INTERCOLLEGIATE
ATHLETICS:

Foundation Use Only:	
Invoice #:	_____
GL#:	_____
Approved:	_____
Date Paid:	_____
Check Number:	_____

Expense Documentation MUST Be Submitted With All Request Forms