MISSOURI WESTERN Foundation

UNIVERSITY PAYMENT/
REIMBURSEMENT 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 <u>REQUIRED</u>:**

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

REQUESTED BY:

_____

APPROVED BY CHAIR/SUPERVISOR:

_____

APPROVED BY DEAN/VICE PRESIDENT:

_____

APPROVED BY PROVOST/PRESIDENT:

_____

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

<u>Expense Documentation MUST Be Submitted With All Request Forms</u>