



ATHLETICS 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 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**