



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 DEPUTY DIRECTOR OF ATHLETICS/
SENIOR WOMAN ADMINISTRATOR:

APPROVED BY FOUNDATION ASSISTANT
DIRECTOR/FINANCIAL OFFICER:

APPROVED BY DIRECTOR OF ATHLETICS:

Foundation Use Only:

Invoice #: _____

GL#: _____

Approved: _____

Date Paid: _____

Check Number: _____

Expense Documentation MUST Be Submitted With All Request Forms