



ATHLETICS FUNDRAISING
EXTERNAL PAYMENT
REQUEST FORM (W-9 Required)

(Expense documentation MUST be submitted with all request forms)

DATE: _____

PAY TO: _____

ADDRESS: _____

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

EXPENSE INFORMATION (REQUIRED):

PAYMENT AMOUNT: \$ _____

FOUNDATION FUND NUMBER: _____

FOUNDATION FUND NAME/DESCRIPTION: _____

EXPENSE DESCRIPTION: _____

PAYMENT 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:

Entered By: _____

Reviewed By: _____

Invoice #: _____

GL#: _____

Approved: _____

Date Paid: _____

Check Number: _____