

TROY UNIVERSITY FOUNDATION CHECK REQUEST

www.troy.edu

ALL SECTIONS OF THIS FORM MUST BE COMPLETED FOR PROMPT PROCESSING
CHECKS ARE MAILED TO THE PAYEE 10-14 DAYS OF SUBMISSION

DATE: _____

FUND NAME: _____ FUND NO: _____ REQUEST NO: _____

PAYEE/VENDOR NAME AND ADDRESS (<i>home address required for individuals</i>)		DATATEL VENDOR NUMBER (REQUIRED)
MAIL CHECK TO (<i>if different</i>)	PAYEE IS (mark at least one and all that apply) <small>Troy Student Non-Resident Alien Troy Employee None of These</small>	
DIRECT INQUIRIES TO:	CAMPUS PHONE:	PAYEE'S SUPERVISOR (if payee is Troy employee)
DESCRIPTION OF EXPENSES		
		TOTAL \$
EXPLANATION OF HOW EXPENDITURE FITS FUND PURPOSE (REQUIRED)		

PAYEE CERTIFICATION FOR ADVANCEMENT OR REIMBURSEMENT OF EXPENSES

I hereby certify the foregoing claim for expenses is true and correct. These expenses were (will be) incurred by me to benefit an authorized program of Troy University or the Foundation and are not subject to payment by any other funding source, unless otherwise indicated herein. I agree to return to the Foundation any portion of these expenses that may be paid by any other funding source. I understand that I must return unexpended funds and/or formally report expenses for which funds are issued in advance.

Payee Signature _____

SIGNATURE APPROVALS FOR PAYMENT

Responsible Party's approval required to pay compensation to an individual for services rendered. Supervisory approval is required for payment to and on behalf of an Troy University employee. Refer to Foundation policy on the web for further requirements www.troy.edu

THE EXPENSES CLAIMED HEREIN ARE AUTHORIZED IN ACCORDANCE WITH THE PURPOSE OF THE FUND BEING CHARGED.

FUND ADMINISTRATOR	Date	DIRECTOR OF NOT-FOR-PROFIT ACCOUNTING	Date
SECOND SIGNER (<i>if required</i>)	Date	FOUNDATION PRESIDENT (if over \$500)	Date
FOUNDATION ACCOUNTING COORDINATOR	Date	FOUNDATION TREASURER (if over \$500)	Date

SIGNATURE LEVEL APPROVALS FOR PAYMENT

\$500 or less: Fund Administrator, Foundation Accounting Coordinator, Director of Not-for-Profit Accounting
Over \$500: Fund Administrator, Director of Not-for-Profit Accounting, Foundation President, Foundation Treasurer

SEND COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTATION TO: FOUNDATION ACCOUNTING SERVICES, 159 ADAMS ADMIN. BLDG.