

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.

TROY UNIVERSITY FOUNDATION

Application for Travel Advance

Program Guidelines

1. Open to full-time employees and adjunct faculty of Troy University.
2. Only available for travel on Troy University business. A completed University Travel Approval Form must be attached.
3. Minimum: \$200. Maximum: \$1,500 for traveling within the United States or \$3,000 for international travel.
4. The note begins to accrue interest immediately. If paid in full within 45 days, interest charges will be waived. The University may recover through payroll deductions of wages or salary.
5. Applications may be denied without cause. Abuse of the program will cause termination of abuser's privileges.

NAME: _____

ANTICIPATED TRAVEL DATES: _____

POSITION TITLE: _____

ROOM NUMBER & BUILDING: _____

CAMPUS: _____

TROY UNIVERSITY FOUNDATION

Application for Travel Advance

I, _____ (herein after the "Applicant"), for value received, promise to pay to the order of Troy University Foundation, a not-for-profit corporation, (herein after the "Foundation"), the sum of _____ with interest at the rate of one and one-half percent (1 1/2%) per month, in legal tender of the United States. Foundation, however, agrees to waive all interest charges if the debt is paid within forty-five (45) days after completion of travel. Applicant agrees that Foundation may charge a penalty fee of twenty-five dollars (\$25) for bad checks.

If the debt is not paid in forty-five (45) days, Applicant authorizes Foundation to present this Note to the Treasurer of Troy University Foundation (herein after the "Treasurer") for payment of principal, interest, and penalty fees. Applicant further authorizes Treasurer to recover sums paid to Foundation under this Note by Treasurer through payroll deductions of the salary or wages of the Applicant listed below at the rate of three hundred dollars (\$300) a month or twenty-five percent (25%) of the gross monthly salary or wages of the Applicant, whichever is least, until the total amount paid is recovered, except that Treasurer shall deduct for the total amount owed remaining if Applicant's employment with Troy University is terminated and Applicant has one final pay check remaining. Treasurer may add an administrative fee of not more than ten dollars (\$10) per month to the garnishment. If debt has to be collected through payroll deduction method, Applicant will not be allowed to receive any future advances.

To secure the payment of this debt, all right of exemption under the Constitution and Laws of the State of Alabama, or any other State, is hereby expressly waived by the makers and endorsers, who also waive demand, notice, and protest and who further agrees if this note is not paid at maturity, to pay all expenses of collection, to include attorney's fees.

This promissory note is made under the laws of the State of Alabama. Given under my/our hand and seal.

WITNESS:

Name

Date

APPLICANT:

Name

Date

Supervisor

Date

ATTEST:

FOUNDATION

Vice President

Date

TROY UNIVERSITY

President

Date