



VSU Foundation Check Request Form

Date		

VSU Foundation, Inc.

Address 1500 N. Patterson St. • Valdosta, GA 31698-0213
 Phone 229.333.5939 • Fax 229.259.2558 • Web www.valdosta.edu/adv

REQUESTED BY (PRINT) _____ PHONE NUMBER _____

APPROVED BY PRESIDENT / VP / DIRECTOR OF ATHLETICS _____ DATE _____

APPROVED BY DEAN _____ DATE _____

APPROVED BY DEPARTMENT HEAD _____ DATE _____

FOUNDATION ACCOUNT NUMBER _____

FOUNDATION ACCOUNT NAME _____

AVAILABLE BALANCE _____

Make Check Payable To: TITLE (Select One) Dr. Mr. Mrs. Miss Ms.
 SUFFIX (Select One) Sr. Jr. I II III

Vendor's Name: _____
LAST (BUSINESS / ORGANIZATION NAME) FIRST M.I.

VENDOR NUMBER _____

VENDOR ADDRESS _____ CITY _____ STATE _____ ZIP _____

INVOICE # _____ CHECK AMOUNT _____

Reason / Description:

1099 (Select One) : Yes No FEI or SSN#: _____

Return Check to Requester Via Campus Mail Pick-Up at Foundation By: _____

Mail Check to Address Provided Pick-Up Phone #: _____

****Please Attach All Original Receipts, Invoices, or Additional Information****

****FOR FOUNDATION USE ONLY****

Foundation Approval:

Date Check Issued:	Check #:	Amount:	Clerk:
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Date Received By:	Picked-Up By:	Date:
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