

Request for Payment
Alumni & University Development

Alumni Foundation

Requested By (Print) _____ Date _____

Approved By (Sign) _____ Date _____

Reason for check (Please provide specific information/ATTACH ALL RECEIPTS)

Account to Charge: _____ Amount: _____
Invoice # _____ Due Date: _____
Make check payable to: _____

- Check should be:
- Mailed directly to Payee
 - Returned to Requester
 - Held for pick up at Sheldon

Call: _____ At Ext: _____

For Accounting Use Only (Initial & Date)

Date Entered into FEZ _____
Invoice entered by: _____
Check Printed: _____
Mailed by: _____ Check# _____

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