

Winthrop University Foundation
683 Oakland Avenue
Sykes House
Rock Hill, SC 29733

Disbursement Request (WUF-D)

Date:
Fund Number:
Amount:
Payee:

Taxpayer ID Number:
Address:
(Permanent/Home):

Reason and purpose (include benefit to Winthrop University)

Prepared by:
Campus Address:
College and Department:
Phone Extension:

Signatures Required for Approval: (signature by Dean, Director or VP certifies that the fund number(s) listed are under their authority and that the request complies with all Foundation policies. In signing this form you certify that the above expense(s) are ordinary and necessary business expenses of the University (or the Foundation), that they have not been reimbursed from any other source and that other University approval as required by Policy, has been obtained.)

***Authorized Fund Administrator**

Date

Authorized Dean, Director or VP

Date

Other (specify)

Date

Prior to submission, verify that the request complies with WUF policies and includes original receipts, invoices or other documents.