

*(Please type or print legibly)*

Date: \_\_\_\_\_ Fund # \_\_\_\_\_ Amount: \_\_\_\_\_

Payee: \_\_\_\_\_ Proj: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_

Address: \_\_\_\_\_

(Permanent/Home) \_\_\_\_\_

\_\_\_\_\_

**Reason & purpose (include benefit to Winthrop University)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prepared by: \_\_\_\_\_

Campus Address: \_\_\_\_\_

College & Dept.: \_\_\_\_\_

Phone & Ext.: \_\_\_\_\_

**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: 5/26/2010

Other (specify): \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_