

Winthrop University Foundation  
302 Tillman Hall  
Rock Hill, SC 29733

WUF-F

Winthrop University Foundation

WUF-F

Rock Hill, SC 29733

Vendor Name	Amount	Purpose of Expenditure	Reason for Not Submitting Original Receipts
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Payee's Name: \_\_\_\_\_

Payee's Signature: \_\_\_\_\_

Fund #: \_\_\_\_\_

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

**Note: This form must be signed by the payee and submitted with a Disbursement Request (WUF-D)**