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

Expense Certification (WUF-F)

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

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)