

Check Request



BOISE STATE UNIVERSITY
FOUNDATION

Check Information

Date of Request _____ Amount Requested _____

Make Check Payable to (Dept ID if applicable) _____

Send Check to
(Payments to University _____
go to Admin Accounting) _____

Explanation of Disbursement _____

Foundation Project Name _____

Foundation Project Number (5 digit code e.g. AB 101) _____

Requestor

Requestor Name _____ Extension _____ Mail Stop _____

Authorization REQUIRED (Dean, Chair, or other authorized account signers)

Name _____ Title _____

Approval Signature _____ Date _____

Instructions

1. The Foundation prefers to reimburse University accounts for expenses instead of paying vendors directly.
2. With all Check Requests, please include an explanation of the expenses and expense support documentation.
3. If necessary to request payment directly to a vendor, please also attach the original invoice.
4. The Foundation reserves the right to request additional information on expenditure details prior to fulfilling a request.
5. The Foundation does not make payments directly to University employees or students or their immediate families. For such cases, please request University payment of the expense and Foundation reimbursement of the University account.
6. The Foundation does not pay scholarships directly; payments of all scholarships must go through Financial Aid.
7. For compensation to independent contractors, please provide a W-9 prior to payment.
8. After completing this form: e-mail the completed form along with an Account Analysis report to foundationaccounting@boisestate.edu.

Accounting Information (For Use by BSU Foundation)

Date _____ Project ID _____

Account Number & Description _____

Accounting Reviewed _____ Check No. & Date Pd _____

Mailed by _____ Mail Date _____