Complete for Check requests only

THE FOUNDATION FOR IUP Suite 419, Sutton Hall

Complete for Check requests only

| ATE OF REQUEST: | | |
|---|---|------------------------------|
| JND NUMBER: | FUND NAME: | |
| GNATURES OF AUTHORIZ Must be signed by at least tw | ZED FUND AGENT: vo fund agents to be processed) | |
| | | |
| (print) | (sign) | Please remit completed forms |
| • | | electronically to: |
| (print) | (sign) | foundation- |
| • | | disbursements@iup.edu |
| (print) | (sign) | |
| MOUNT OF DISBURSEME | NT: \$ | |
| NAME: | | BANNER ID: |
| BUSINESS or HOME A | DDRESS (check will be mailed to this a | address): |
| | | _ |
| URPOSE OF DISBURSEMEN | NT (Be specific. Must align with fund p | ourpose). |
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READ CAREFULLY:

- Please Submit completed forms electronically to: <u>foundation-disbursements@iup.edu</u>
- Upon Submission, please include this disbursement request along with proper documentation including all invoices and receipts. Payment will NOT be made without proper documentation to support this request.
- Requests CANNOT be processed without TWO authorized fund agent signatures. Authorized signature cannot be same as payee.
- Checks are issued every Friday (Deadline for weekly submission is Tuesday by 4:30 pm unless otherwise advised).
- Checks will be mailed directly from the Foundation office to all individuals, businesses, and organizations.
- IUP Faculty/Staff Checks can be picked up in the Foundation office. *If not picked up by 10:00 am on Friday, the check will be mailed to the address listed on the check. If picking up, please note this below:

| | Will pick up, please contact: | | | | | | _ |
|--|-------------------------------|--|---|--|--|--|-------|
| | | | _ | | | | |