

COLLEGE OF CHARLESTON FOUNDATION

CHECK REQUEST

****Please turn in by 5:00 pm on Friday for checks to be ready by Friday of the next week.****

Payee Information

Pick up
 Mail off campus
 Include attachment (Please include a copy with the original)

Please pay: _____ Total per request \$ _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

For Foundation Use Only:

1099 Vendor, Box ____

990 Disclosure

Foundation policies and forms are available at <https://foundation.cofc.edu/resources>

Purpose of Check

Reimbursement
 Attach: Original Itemized Receipts

Award
 Attach: 1) Award Recipient Profile
 2) Award Description

Invoices/Services Rendered
 Attach: 1) IRS Form W-9 – Business or Non SC Resident
 2) Non-State Pay Form - SC Resident

Honoraria
 Attach: 1) Honoraria Information Form
 2) W-9 **OR** Non-State Pay Form (see Invoices)

Account Information

Expense Account Number	Fund Account	Fund Name	Amount																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>									<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>									_____	_____
_____	_____	_____	_____																

Invoice #: _____ Invoice Date: _____

Business Purpose

Please elaborate on the business purpose of the expense. For example, a meal reimbursement should include the names and business titles of attendees and business discussed. If additional space is needed, please attach a memo.

Requester

Please print clearly. Requester will be contacted with any questions regarding request:

Requester's Name _____ Phone _____

Requester's Department _____ Date _____

Approval

Authorized signature (Cannot be same as payee; reimbursement MUST be authorized by a supervisor.)

Signature _____ Date _____

By signing above, I certify that the above expenses are in compliance with the applicable gift agreement(s) and Foundation Expense Policy, are ordinary and necessary business expenses of the College of Charleston or of the Foundation, have not been reimbursed from any other source, and that all approvals as required by Foundation policy have been obtained.

Questions?
 Please email us at:
foundationfinance@cofc.edu

For Foundation Use Only:

Prepped _____ Date _____ Approval _____ Date _____