



FUND WITHDRAWAL REQUEST

INSTRUCTIONS

1. Complete Section A and B.
2. Original invoice(s) or receipt(s) must accompany request. If you are submitting multiple receipts, please provide a summary on a separate sheet. Please tape the receipts on a separate sheet of paper without covering the ink.
3. Submit the signed original to the WSSU Foundation, Incorporated, Blair Hall, Suite 304.
4. **The Foundation will not accept e-mailed, scanned or faxed copies of fund withdrawal requests. Original signatures are required.**
5. Print and retain a copy of the request for your records.

QUESTIONS? Call extension 3151, 3005 or email us at wssufoundation@wssu.edu. **Requests are received in the WSSU Foundation Office 11am until 4pm, Monday thru Thursday. Requests for checks received by 4pm Thursday will be available by noon the following Wednesday.**

SECTION A (Fill in all blanks and check box as appropriate)

Date _____

Person Preparing Form _____ Telephone _____

I will pick up the check. Note: Foundation checks will not be sent via campus mail.

Please mail to the payee at the address provided.

Other, please explain: _____

SECTION B (Fill in all blanks)

Payee _____

Payee's Address _____

Payment Amount \$ _____ Customer Account/Vendor Invoice Number _____

Purpose of Expenditure _____

Foundation Account Name _____ Account Number _____

Person Authorizing Withdrawal _____

Print Name Signature

**If person authorizing the withdrawal is the same as payee,
approval of the payee's manager is required before the request is processed.**

Manager of the Payee _____

Print Name Signature

SECTION C (For Foundation Use Only)

Account Number _____ Invoice Number _____

Check Number _____

Foundation Approval _____ Check Date _____