	Fund Name:		Payee Name & Address:	Vendor ID:

AUGUSTA UNIVERSITY

			Employee:	Student:	Vendor:

FOUNDATIONS CHECK REQUEST

AUF

GHSF

For Accounting Use Only GL Code	Foundation Fund Number (6 digits)	Description of Goods or Services *If this request is for a meal, please attach a list of attendees	Amount

Name of Grant (if applicable) :	Invoice Number:	**Total:**
	For accurate posting purposes - Please issue one check request per invoice.	

Justification /Additional Instructions:

APPROVALS Departmental / Requestor Contact:		*Attachments:*

Attachment to be mailed with check?   YES   NO

Name: Date:

**Please paperclip attachment to FRONT of check request and it will be enclosed with the check mailed to the vendor.

Title: AU ext:

Departmental/Requester Contact Signature:

For Student or Employee Related Checks: (Including professional dues, immigration or registration fees paid on behalf of a student or employee.)

Mail Check ?   YES   NO

Authorized Signatory Name:

Permission given to another employee to pick up your check?

                                         YES   NO

Authorized Signatory Title:

For Checks to Vendors or Other External Parties

Authorized Signatory Approval: Date:

 Mail Check to Payee: YES   NO   **

**Accounts Payable Policy requires vendor checks to be mailed. Requests to pick up checks should be reserved for exceptional circumstances, and must be justified in the section above, and approved by Accounts Payable.

Accounting Manager Authorization: Date:

**To adhere to GHSF and AUF policies please check that all vendors have valid W-9 information on file with Accounts payable by mailing or calling the Office of Advancement Foundation Accounting Office.

** Please return all completed forms and documentation to Foundation Accounting, FI-1053 or FOUNDATIONACCTNG@augusta.edu

Revised 11/2017