



AUGUSTA UNIVERSITY FOUNDATION

AUF CHECK REQUEST	Fund Name:		Payee Name & Address:		Vendor ID:	
	General Ledger Code <i>AUF Accounting Use Only</i>		Foundation Fund Number <i>(6 digits)</i>		Description of Goods or Services* <i>*For entertainment, meals, business functions, and/or employee awards, please complete the AUF Check Request Justification Form.</i>	
					Amount	
Grant funds? YES NO	Name of Grant (if applicable):	Invoice or Receipt or Authorization Number:			Total:	
		<i>For accurate posting purposes, please issue <u>one</u> check request <u>per</u> invoice.</i>				
Justification / Additional Instructions:						
APPROVALS				Attachments:		
Departmental / Requestor Contact:				Attachment to be mailed with check? Yes No		
Name:		AU ext:		** Please paperclip attachment to the FRONT of check request and it will be mailed to the vendor.		
Title:				For student or employee related checks: (Including professional dues, immigration or registration fees paid on behalf of a student or employee.)		
Signature:		Date:		Permission given to another employee to pick up your check? Yes No		
Authorized Signatory Approval:				Mail check to payee? Yes No		
Name:				For checks to vendors or other external parties**:		
Title:				Mail check to payee? Yes No		
Signature:		Date:		**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.		
Additional Signatory (if applicable):				**To adhere to AUF policies please confirm that all vendors have a current year W-9 on file with AUF by e-mailing or calling Foundation Accounting at 721 - 6263.		
Name:				AUF Accounting Manager Authorization:		
Title:						
Signature:		Date:		Signature:		Date:

Please submit all completed forms and documentation to AUF Accounting in AD-1104 or through secure email to foundationacctng@augusta.edu.