

COLLEGE OF CHARLESTON FOUNDATION

CHECK REQUEST

**** Please send check requests to FoundationFinance@cofc.edu. Checks are issued biweekly.****

Payee Information

Direct Deposit
 Campus Mail
 Mail off campus
 Mail attachment with check

Please pay: _____ Total per request \$ _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Foundation policies, forms, & check schedule
are available at
<https://foundation.cofc.edu/resources>

For Foundation Use Only:

1099 Vendor

990 Disclosure

Purpose of Check

<p>— Reimbursement Attach: Itemized Receipts</p> <p>Invoices/Services Rendered Attach: 1) IRS Form W-9 – Business or Non SC Resident 2) Non-State Pay Form - SC Resident</p>	<p>Award Attach: 1) Award Acceptance Form 2) Award Recipient Profile Form</p> <p>Honoraria Attach: 1) Honoraria Information Form 2) W-9 OR Non-State Pay Form (see Invoices)</p>	<p>Other</p>
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Account Information

Expense Account Number	Fund Account	Fund Name	Amount

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.)

Printed Name _____ Title _____

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.