

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

— Reimbursement

Attach: Itemized Receipts

Invoices/Services Rendered

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

Award

Attach: 1) Award Acceptance Form
2) Award Recipient Profile Form

Honoraria

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

Other

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.

AWARD RECIPIENT PROFILE

PART I: Recipient's Information

The information provided in this section is for the use by the Foundation only.

Name:	
<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	If a Non-US Citizen, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN (required):	If not a Permanent Resident, please see section "2.3 Non-resident Aliens" of the Foundation Expense Reimbursement Policy for additional requirements.
Permanent Address:	Alternate Mailing Address (if available):
Email: _____ Phone Number: _____	
Signature: _____ Date: _____	

PART II: Additional Information

College of Charleston donors have asked the Development Office to provide more information regarding award recipients. As the College of Charleston heightens its stewardships efforts, we would like to partner with you to provide this information.

1. **Award Name:**
2. **Amount:**
3. **Foundation Account:**
4. **Recipient's Major:**
5. **Recipient's Class Year:**
6. **Why was this student chosen for this particular award? Briefly describe why this student was selected by the department/award committee.**
7. **Are there any further requirements for this student to receive the award, such as perform research or assist faculty staff with other duties? If so, briefly describe these requirements and attach supporting documentation. (Payment for services may need to be processed through payroll per IRS guidelines.)**
8. **Please attach a copy of the award description and recipient selection criteria.**

Thank you in advance for supplying this information. Together, our collaboration will enhance our stewardship.



College of Charleston Foundation Award Acceptance Form

Congratulations on receiving your award! We are pleased to support you as you pursue your academic goals. Please note that portions of your award may be subject to taxable income reporting under IRS regulations.

Tax Implications for Your Award

The IRS requires that any funds used for non-qualified educational expenses, such as room and board, travel, or personal expenses, must be reported as income. While portions of your award used for qualified educational expenses (such as tuition, fees, and required books and supplies) may not be taxable, any funds used for other purposes could be subject to federal and state taxes.

You will receive a 1099 MISC tax form from the College of Charleston Foundation at the end of the year if your award(s) total \$600 or more for the calendar year. You are personally responsible for reporting any taxable income when filing your tax returns. We encourage you to consult with a tax professional if you have questions about how this affects you. If you are a dependent student, please advise your parent or guardian of this award before acceptance.

Acceptance of Award and Acknowledgement of Tax Liability

By signing below, you acknowledge that you understand the potential tax liabilities associated with your award and agree to be responsible for any taxes due on the portion of the award that is considered taxable income.

Please sign and return this form to confirm your acceptance of the award and your understanding of the related tax responsibilities.

Student Acknowledgment and Acceptance of Award Terms

I acknowledge that I have been informed about the tax implications of receiving this award. I understand that any funds not used for qualified educational expenses may be considered taxable income, and I accept responsibility for reporting and paying any taxes owed.

Printed Name: _____

Signature: _____

Date: _____

If you have any questions regarding the award or its tax implications, please contact our office at FoundationFinance@cofc.edu or (843)953-5780.