

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.



STUDENT EMERGENCY ASSISTANCE FORM

The College of Charleston Foundation Student Emergency Assistance Fund is designed to provide temporary financial support to students facing unforeseen circumstances that threaten their ability to continue their education. Please fill out all sections of the form completely and accurately.

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

1. What is the nature of the emergency? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Medical emergency | <input type="checkbox"/> Transportation emergency |
| <input type="checkbox"/> Housing insecurity | <input type="checkbox"/> Family emergency |
| <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Loss of income/employment | |

2. Amount:

3. Foundation Account:

4. Recipient's Major:

5. Recipient's Class Year:

6. Please attach a Foundation Check Request and submit to FoundationFinance@cofc.edu.