Complete for Check requests only

REQUEST FOR CHECK DISBURSEMENT THE FOUNDATION FOR IUP **G1 John Sutton Hall**

Complete for Check requests only

ATE OF REQUEST:							
UND NUMBER:	FUND NAME:						
GNATURES OF AUTHORIZ Must be signed by at least tw	ED FUND AGENT: or fund agents to be processed)						
(print)	(sign)	Please remit completed forms					
		electronically to:					
(print)	(sign)	foundation-					
		disbursements@iup.edu					
(print)	(sign)						
MOUNT OF DISBURSEMEN	NT: \$						
SUE PAYMENT TO:							
SOLI ATMENT TO:							
NAME:		BANNER ID:					
BUSINESS or HOME A	DDRESS (check will be mailed to this	address):					
URPOSE OF DISBURSEMEN	NT (Be specific. Must align with fund բ	ourpose).					

READ CAREFULLY:

- Please Submit completed forms electronically to: foundation-disbursements@iup.edu
- Upon Submission, please include this disbursement request along with proper documentation including all invoices and receipts. Payment will NOT be made without proper documentation to support this request.
- Requests CANNOT be processed without TWO authorized fund agent signatures. Authorized signature cannot be same as payee.
- Checks are issued every Friday (Deadline for weekly submission is Tuesday by 4:30 pm unless otherwise advised).
- Checks will be mailed directly from the Foundation office to all individuals, businesses, and organizations.
- IUP Faculty/Staff Checks can be picked up in the Foundation office. *If not picked up by 10:00 am on Friday, the check will be mailed to the address listed on the check. If picking up, please note this below:

	Will pick up, please contact:						
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