Complete for Check requests only

## THE FOUNDATION FOR IUP Suite 419, Sutton Hall

Complete for Check requests only

ATE OF REQUEST:		
JND NUMBER:	FUND NAME:	
GNATURES OF AUTHORIZ Must be signed by at least tw	ZED FUND AGENT: vo fund agents to be processed)	
(print)	(sign)	Please remit completed forms
•		electronically to:
(print)	(sign)	foundation-
•		disbursements@iup.edu
(print)	(sign)	
MOUNT OF DISBURSEME	NT: \$	
NAME:		BANNER ID:
BUSINESS or HOME A	DDRESS (check will be mailed to this a	address):
		_
URPOSE OF DISBURSEMEN	NT (Be specific. Must align with fund p	ourpose).

## **READ CAREFULLY:**

- Please Submit completed forms electronically to: <u>foundation-disbursements@iup.edu</u>
- 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:

L	Will pick up, please contact:						_
			_				