CAMERON UNIVERSITY FOUNDATION, INC.

REQUEST FOR PAYMENT

Date: _____

Make Check Payable to: _____

Address: _____

_____

Cameron ID #: _____ (New Vendor in Banner requires a W-9)

Account Number: _____

Account Name: _____

Budget Category: _____

==

Description and Costs

ATTACH APPROVED ORIGINAL INVOICES OR RECEIPTS

==

Request complies with policy and procedures of Cameron University Foundation:

_____   _____

 (Account Manager)   (Date)

Appropriate documentation provided and request complies with account budget limits and donor restrictions:

_____   _____

(Monitoring Authority)   (Date)

Request Exceeding $1,000 Requires Approval of Two Officers:

_____   _____   Check No. _____

(Authorized Signature)   (Date)

                                                          Date _____

_____   _____

(Authorized Signature)   (Date)