



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: _____

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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 \$5,000 Requires Approval of Two

Officers: _____
(Authorized Signature) (Date)

Check No. _____

Date _____

(Authorized Signature) (Date)