



GLENVILLE
STATE UNIVERSITY

GSU Foundation New Fund Form

Name of Organization: _____

Date Opened: _____

Faculty/Staff Representative: _____

Purpose of the Fund: _____

This form acknowledges you have set up a fund within the GSU Foundation to deposit and request money to be used by the organization listed above. You may make a deposit with Michelle Clowser using the deposit form. If you have a cash deposit please have it turned in before noon. The Foundation cuts checks on the 1st and 15th of each month. If one of those dates falls on a weekend or holiday, please email Mandi.lucas@glenville.edu in advance to find out the substitute date. In order to ensure adequate processing time, please submit your expense request to Mandi Lucas by noon the business day before check cutting day. You must fill out the Check Request Form and submit it with invoice and/or proper documentation. All requests must be signed off by the Faculty/Staff Representative.

Organization Faculty/Staff Rep.

Date

Foundation Office

Date

Office Use Only

Fund Name: _____

Fund ID: _____

Type : _____

Notes: _____
