



Glenville State College Request Form for Foundation Funds

Glenville State College employees must adhere to the approval process of the College to request monies from the Foundation. Each request must show how it meets the objectives, goals and overall mission of the college. After the request has been approved by GSC, it will then be presented to the Foundation for final approval.

Name:

Date:

Organization:

Amount: \$

Description of proposed expense activity:

Describe how the proposed activity supports the college, department, and fund purpose:

Make Payment to:

Address:

☐ Please Mail

☐ Will Pickup

Please attach all vendor invoices. For reimbursements attach all receipts.

If this is an online purchase that needs made with a credit card, please paste website URL and provide any further information needed for purchase. :

| | Title | Signature | DATE |
|---|---|-----------|------|
| 1 | Requestor <small>VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE DEPARTMENT.</small> | | |
| 2 | Org. Faculty/Staff Rep. and or Supervisor <small>VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE DEPARTMENT.</small> | | |
| 3 | Area Vice President – (all requests \$1000 and above) <small>VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE DIVISION.</small> | | |
| 4 | President - (all requests \$5000 and above) <small>VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE COLLEGE.</small> | | |

NOTE: The Foundation cuts checks on the 1st and 15th of each month, if one of those dates falls on a weekend or holiday call in advance to find out the substitute date. Please have this form and your requests in by NOON the business day before check cutting day. They may be emailed to Mandi.lucas@glenville.edu. If there are no unforeseen circumstances, checks will be ready by noon the day after processing.

Foundation Approval: (Yes) _____ (No) _____ (Signature) _____ (Date) _____

Reason if No: _____