

Name:

Organization:

## **Glenville State University Request Form for Foundation Funds**

Date:

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

Amo	ount: \$			
Des	cription of proposed expense activity:			
	cribe how the proposed activity supports the college, pose:	department, and fund		
Mak	ce Payment to:			
Add	ress:			
□Please Mail		□Will Pickup		
If th	se attach all vendor invoices. For reimbursements attach a is is an online purchase that needs made with a credit card, rmation needed for purchase.:	·	de any further	
	Title	Signature	DATE	
1	Requestor  VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE DEPARTMENT.	-		
2	Org. Faculty/Staff Rep. and or Supervisor  VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE DEPARTMENT.			
3	Area Vice President — (all requests \$1000 and above)  Verifies expenditure is necessary and is in Best Interest of the Division.			
4	President - (all requests \$5000 and above)  Verifies expenditure is necessary and is in Best interest of the college.			
call i befo	<b>E:</b> The Foundation cuts checks on the 1 <sup>st</sup> and 15 <sup>th</sup> of each manager in advance to find out the substitute date. Please have this tre check cutting day. They may be emailed to Mandi.lucas imstances, checks will be ready by noon the day after process.	form and your requests in by NOON @glenville.edu. If there are no unfor	the business day	
Foundation Approval: (Yes) (No) (Signature)			(Date)	
Reas	son if No:			