

# COLLEGE OF CHARLESTON FOUNDATION

## CHECK REQUEST

**\*\* Please send check requests to [FoundationFinance@cofc.edu](mailto:FoundationFinance@cofc.edu). Checks are issued biweekly.\*\***

Payee Information

<b>Direct Deposit</b>	<b>Campus Mail</b>	<b>Mail off campus</b>	<b>Mail attachment with check</b>
Please pay: _____			Total per request \$ _____
Street Address: _____			Foundation policies, forms, & check schedule are available at <a href="https://foundation.cofc.edu/resources">https://foundation.cofc.edu/resources</a>
City/State/Zip: _____			
Telephone: _____			<b>For Foundation Use Only:</b> <input type="checkbox"/> 1099 Vendor, Box _____ <input type="checkbox"/> 990 Disclosure
Email: _____			

Purpose of Check

<input type="checkbox"/> <b>Reimbursement</b> Attach: Itemized Receipts;	<input type="checkbox"/> <b>Award</b> Attach: 1) Award Recipient Profile 2) Award Description
<input type="checkbox"/> <b>Invoices/Services Rendered</b> Attach: 1) IRS Form W-9 – Business or Non SC Resident 2) Non-State Pay Form - SC Resident	<input type="checkbox"/> <b>Honoraria</b> Attach: 1) Honoraria Information Form 2) W-9 <b>OR</b> Non-State Pay Form (see Invoices)

Account Information

Expense Account Number	Fund Account	Fund Name	Amount																				
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Invoice #: _____		Invoice Date: _____																					

Business Purpose

Please elaborate on the business purpose of the expense. For example, a meal reimbursement should include the names and business titles of attendees and business discussed. If additional space is needed, please attach a memo.

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Requester

*Please print clearly. Requester will be contacted with any questions regarding request:*

Requester's Name \_\_\_\_\_ Phone \_\_\_\_\_

Requester's Department \_\_\_\_\_ Date \_\_\_\_\_

Approval

**Authorized signature (Cannot be same as payee; reimbursement MUST be authorized by a supervisor.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I certify that the above expenses are in compliance with the applicable gift agreement(s) and Foundation Expense Policy, are ordinary and necessary business expenses of the College of Charleston or of the Foundation, have not been reimbursed from any other source, and that all approvals as required by Foundation policy have been obtained.

**Questions?**  
 Please email us at:  
[foundationfinance@cofc.edu](mailto:foundationfinance@cofc.edu)

<b>For Foundation Use Only:</b>			
Prepped _____	Date _____	Approval _____	Date _____