

WVSU Foundation Disbursement Request Form

Please submit: University Advancement

112 Ferrell Hall

Phone: 304-766-3130

Fax: 304-766-3308

Department	
Request by:	
<i>Requestor Signature:</i>	<i>Date:</i>
Payable to:	
Address:	

REASON FOR PAYMENT - Provide detailed explanation	ACCOUNT NAME	AMOUNT
*Attach Documentation	TOTAL DISBURSEMENT	

Authorized Signer: _____ **Tel #** _____ **Date:** _____

Secondary Approval: _____ **Date:** _____

Your signature attests to the validity of the expense

- Mail Check to Payee
 Return to Requestor
 Hold For Pickup

Area for Foundation Office Use Only

Reviewed By: _____ **Date:** _____

Approved By: _____ **Date:** _____

Check #: _____ **Check Date:** _____

Retain Copy of Request Form & Receipts for Your Records