

Florida Atlantic University Foundation, Inc.

777 Glades Road, ADM 295
 Boca Raton, FL 33431
 Phone# 561-297-2891



Check Request Form

Check all boxes that apply:
 Employee New vendor w/W-9 form Student

Vendor name * _____
 Z-number or TIN# _____
 Remittance address * _____
 City, state and zip * _____
 e-mail & phone _____

Date of request: * _____
 Prepared by: * _____
 E-mail: * _____
 Phone: * _____
 Bldg. & room #: * _____

Project ID*	Project name *	Topic of discussion/benefit to FAU/purpose of event/reason for expense *			Amount *	Account number (Foundation use only)
Name of attendees & titles company affiliation						
Business purpose (use legend) *		Research related expenses? Y or N?	Yes	No	When incurred (name of place, etc.)	
Name of attendees & titles company affiliation						
Business purpose (use legend) *		Research related expenses? Y or N?	Yes	No	When incurred (name of place, etc.)	
Name of attendees & titles company affiliation						
Business purpose (use legend) *		Research related expenses? Y or N?	Yes	No	When incurred (name of place, etc.)	
					TOTAL	

Business purpose legend:

1- Donor solicitation/stewardship-existing donor ^	5 - Employee meeting
2- Donor cultivation -prospective donor ^	6 -Supplies or non-fundraising event materials
3- Professional association meeting	7- Research expenses
4- Volunteer/University discussion	8- Fundraising event expenses
	9-Other (describe)

^ an action report is required in Raiser's Edge

Expenses identified as research related will be captured with an attribute and reported to Sponsored Research annually.

Signatures required for approval:

Fund Director-print name	Signature:	Date:
Fund Approver-print name	Signature:	Date:
Supervisor/other- print name	Signature:	Date:
Foundation Officer- print name	Signature:	Date:
Foundation approval:	Signature:	Date:

REMINDER:

By signing this check request, the Fund Director and Fund Approver certify that this claim for expenses is true, correct, reasonable, and within the limitations of the Foundation fund purpose and Foundation policy found at fauf.fau.edu/faufpolicies, and that these expenses will not be paid by any other source. Failure to provide complete details and receipts (where feasible) in a timely manner could result in tax consequences on reimbursements for business expenses.

Foundation use only				
Picked up by:	Date mailed/received:	Check #:	Check date:	Location: