**DIRECTIONS**

1. Complete the form below
2. Send signed form **and** supporting documentation to: **Accounts Payable, Lewis House** **(LEH)**

 or email:**advancementap@stcloudstate.edu**

**Please note that distributions must support and enhance the ability of St Cloud State University to ignite students’ learning and discovery of their gifts, their passions and their potential contributions to society.**

* ***Details of the expense must be included along with original, itemized receipt (or affidavit) for reimbursement or invoice to be paid.*** *If requesting a transfer of funds use Transfer Request form.*
* *Please allow 10 business days to process and send checks*
* *Approved distributions requiring a SSN/taxpayer identification number* ***will be held*** *until payee returns IRS form W-9*
* *Checks will be sent directly to the payee unless instructed otherwise (See Special Instructions below)*
* *Call 308-4914 or 308-4818 if you have questions*

**FUND INFORMATION**

**Requested Distribution Amount:**

**Foundation Fund Name:**

**Fund Number:**

# Details (explain request and attach required documents, see above):

**Special Instructions** (if any):

**Form Completed By** (print name):

**Phone Number:**

**Email:**

**Payee Name:**

 **Street Address or SCSU Bldg:**

 **City, State, Zip:**

NOTE: Employee checks will be sent intercampus. Student or contractor checks will be mailed to the address provided.

### RESPONSIBLE PERSON / Requestor

***I hereby request this distribution from the St Cloud State University Foundation fund listed above and certify that this expenditure is consistent with the purpose of the fund and provides a charitable benefit to St. Cloud State University and/or its students.***

**Program Lead:** **Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Vice President*** *:* **Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

SCSU Foundation Office:

Fund Agreement Review Sign Off: Senior Accountant [ ]  Director of Finance [ ]  Executive Director SCSU Foundation [ ]

 (VP Advancement & Alumni Engagement)