

SCSU FOUNDATION, INC. Request for Distribution

DIRECTIONS

1. Print and complete this form
2. Send signed form **and** supporting documentation to: **Accounts Payable, SCSU Foundation** or email: advancementap@stcloudstate.edu

Distributions **must** support and enhance the ability of SCSU 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
- Allow 10 business days to process and send checks
- Approved distributions requiring an 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 (320) 308-4914 or (320) 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 Building:

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.

Department Chair/Program Lead: _____ **Date:** _____

Dean/Vice President: _____ **Date:** _____

Provost: _____ **Date :** _____

SCSU Foundation Office Fund Agreement Review Sign Off:

Senior Accountant

Director of Finance

Executive Director SCSU Foundation

(VP Advancement & Alumni Engagement)