

Fund Manager Supervisor Signature

JSU Foundation Check Request

DUNDATION					
Department Name			Phone		
Department Contact		Email			
ayee Name		— <u> </u>	oice #	Inveire Date	
Address		inv	oice #	Invoice Date	
City/State/Zip		Fu	ınd #	Check Amount	
und Name		The JSU Four	ndation is requi	red by law to pay tax on purchase:	
heck Purpose Please provide a	Pleas Attach any i	Please be sure tax is included where applicable. Attach any invoices and/or receipts to this form. Tape receipts neatly to a plain piece of paper on one side only.			
brief description and business purpose of expense.	Paid w	JSU Foundation Use Only Paid with JSUF credit card			
What/Why?				Date Paid	
Travel and Meals (if applicable	e) Brief Description of the Event	i			
	·		Pur	pose (check one)	
Event Date			Facul	ty/Staff Business	
			Prosp	ective Faculty/Staff	
Event Place			Official Guest(s)		
			Conf	erence/Workshop	
JSU Employe	ees Attending (Please attach any additional names)		Persor	s Being Entertained	
Name	Position				
Name	Position				
Name	Position				
Name	Position				
Fund Manager Signature	Date				

Date

Date