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| --- |
| **Foundation use only****ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**FUNDING REQUEST**

*Please use this form to request payment from Foundation Funds and provide supporting documentation.*

*If you are requesting reimbursement to a KSU department Index, provide support that expenses were paid from index.*

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| --- | --- | --- | --- |
| **From:** |  |  |  |
| **Date:** |  |  |  ***Name of Fund***  |  |  **Amount:** |  |  ***Fund Number***  |
|  |  |
| **Payable To:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Purpose:** |  |
|  |  |
|  |  |
| **Requested By:** |  |  |  |  |  |  |
| **Approved By:** |  | ***Fund Administrator (Printed Name)*** |  | ***Signature*** |  | ***Date*** |
| **Approved By:** |  | ***Optional Other Approval (Printed Name )***  |  | ***Signature*** |  | ***Date*** |
| **Approved By:** |  | ***Optional Other Approval (Printed Name )***  |  | ***Signature*** |  | ***Date*** |
| **Foundation Approval:** |  | ***Division VP (if required)(Printed Name) Signature*** |  | ***Date*** |

 ***Date***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Prepared by***  |  | ***Phone*** |

***Revised 5/30/2019***