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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:** |  | | | | | | | | | | | | | | |
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| **Purpose:** |  | | | | | | | | | | | | | | |
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| **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***