

Checks are typically printed on the 15th and last day of the month. Checks require signatures of SOU Board Officers and may take up to five (5) business days after printing. Requests must be received five (5) business days prior to printing dates to guarantee inclusion in the check run. Expenses that can be paid by SOU via an index should not be paid directly to vendors using this form.

Check/Fund Transfer Request Form

Requested by: _____ Third Party Payment
 Department: _____ CC/Fund Des/Fund: _____
 Date: _____ SOUF Internal Fund Transfer

h _____ **Total Amount: \$** _____

Name: _____ Send via Campus mail
 Address: _____ Send to this address
 City: _____ ST: _____ Zip: _____ Hold for Pickup Call: _____

Charge to Foundation Fund(s):

Fund #1 _____	Fund Name: _____	\$ _____
Fund #2 _____	Fund Name: _____	\$ _____
Fund #3 _____	Fund Name: _____	\$ _____
Fund #4 _____	Fund Name: _____	\$ _____

Purpose:

- 1) For Third Party check requests, please attach original receipts and any other supporting documentation.
- 2) For SOU Fund Transfers with multiple purposes, please breakdown each purpose w/ corresponding dollar value.

Purpose #1 _____	\$ _____
Purpose #2 _____	\$ _____
Purpose #3 _____	\$ _____
Purpose #4 _____	\$ _____

Authorized/ Approved by: Account Signers (signatures)

Name: _____ Signature: _____
 Supervisor: _____ Signature: _____

Additional Comments:

For Foundation use only

Fund: _____	GL Code: _____	Amount: \$ _____
Fund: _____	GL Code: _____	Amount: \$ _____
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Fund: _____	GL Code: _____	Amount: \$ _____