



KENNESAW STATE UNIVERSITY FOUNDATION, INC REQUEST FOR FOUNDATION FUNDING

The KSU Foundation has oversight and fiduciary responsibilities. Therefore, the KSU Foundation reserves the right to reject any request for disbursement that does not have prior approval. All information must be typed. This two-sided form must be submitted for payment to vendors for goods/services, payments to KSU, transfers between Foundation accounts, or reimbursement to KSU faculty/staff for approved functions. **Requests should be submitted within 10 days of the event or purchase. Attach a brochure, agenda, program or other appropriate documentation of University-related events.** The form must be accompanied by an original receipt/invoice. If submitting a small-sized receipt, tape it to the back of this form. Full-sized documents should be stapled to this form. The "List of Participants" on the reverse side must be completed. The reverse side may also be used to itemize expenses.

If payee is the same, please combine several events or items on one form.

Person Completing Form:	Title:
Department/Program:	Phone:
Account/Project:	Date(s) of Expense:
Purpose of Fund:	Activity or Item Purchased:
Explain the Business Purpose of this Expenditure:	

Prepare Check To:	Amount:
Payment Address:	KSU Mail Drop:

Signature of Person Completing Form: _____ Date Signed: _____

Authorized Signature: _____ Date Signed: _____

****By signing this form, I certify that no other funds, state or otherwise, are available for this disbursement.**

Printed Name of Authorized Signature: _____

FOR REIMBURSEMENT ONLY - Signature of recipient attesting to expenses and verification that expenses have not and will not be reimbursed from another source, e.g. KSU.

Signature : _____ Date Signed: _____

**RETURN THIS FORM TO:
ACCOUNTS PAYABLE, KSU FOUNDATION, CAMPUS MAILBOX 9101**

PHONE: (770) 423-6675

FOR KSU FOUNDATION OFFICE USE ONLY:

Authorized Approval: _____ Date: _____ Invoice #: _____

Account: _____ Project: _____ Budget or \$ _____

_____ Project Balance: _____

Is this a receivable item? (Y/N) If yes, Invoice Number _____ Invoice Date: _____

Approval of KSUF COO _____ Date: _____ Post Date: _____

Due Date: _____

