

GEORGIA SOUTHERN UNIVERSITY COOPERATIVE ORGANIZATIONS CHECK REQUEST

Submitted by - name/email/phone/PO Box: _____

Paying Foundation:

Date: _____

Amount: _____

Check Payable to: _____

Payee Relationship to Georgia Southern:

TIN or Eagle ID: _____ (Vendors must have W-9 on file or submit with request)

Mail Check to: _____

Name of Foundation Account: _____

Foundation Account Number: _____

Invoice Number: _____

Purpose: _____

Note: If for meals/entertainment, must attach Faculty/Staff Meals, Business or Entertainment, or Search Committee

Purpose Acct Code: (Up to 6): *Meals Reimbursement form. (See instructions for links to forms)*

Amt.

Amt.

Acct #1:

Acct #2:

Acct #3:

Acct #4:

Acct #5:

Acct #6:

Submitted by: _____

Title: _____

Signature: _____

Date: _____

Approval Signature of Dean, Vice President, Provost, or President Required Below:

Approved by: _____

Title: _____

Signature: _____

Date: _____

Note: No check request will be processed without complete account numbers, supporting documentation, signature of the submitter, and the approval signature of a Dean or Vice President, the Provost, or the President. All invoices should include sales tax as required by the Georgia Department of Revenue.

Please mail check request to:

Foundation Accounting
PO Box 8053
Statesboro, GA 30460

Check requests from **Armstrong or Liberty** campuses may be scanned and emailed to foundationaccounting@georgiasouthern.edu. If emailed, please **do not** send a hard copy by mail.