

Check Request

Campus Address: Robbins Center
FHSU Foundation
Mailing Address: P.O. Box 1060 Hays, KS 67601
Telephone: (785) 628-5620

Date: _____ Prepared by: _____ Phone: _____

Payee: _____

Address: _____

Social Security/Tax ID#: _____ Student #, If Applicable: _____

Residency Status of Individual(s) to whom this payment or reimbursement is being made:

[Check one] U.S. Citizen Resident Alien *Nonresident Alien (Visa Type___) Payment not to an individual

* Send Agency Purchase Order ("A" form) to University Business Office for processing. (Check Request not necessary in this situation.)

Person(s) for whom this payment is being made:[Check one] Student FHSU Employee, including GTAs, GRAs, etc. Other

Amount of Check (attach **Original** invoice/receipts): \$ _____

Functional Category: [check one] Instruction Research Institutional Support Other

FHSU Business Purpose for Expenditure (please include specific information per Foundation Fund Administration & Use Handbook Sec.5):

Foundation Fund# to be charged: _____

Name of Foundation Fund to be charged: _____

Special Instructions: _____

Mail Check to Payee Or Send to: _____

As the Fund Account Representative for this fund, I certify that the information provided about this payment is accurate to the best of my knowledge and belief. I also certify that the expenditure requested is consistent with the purpose of the fund, the purposes of the FHSU Foundation Association, and is solely to benefit Fort Hays State University.

Fund Account Representative Signature: _____

Fund Account Representative Name and Title (Please print): _____

Department/Office: _____

As the control authority for the above Fund Account Representative, to the best of my knowledge and belief, I certify that the check request is for a valid business purpose for the benefit of Fort Hays State University. I make no certification concerning the specific fund account or its purposes.

Control Authorization, if necessary, and Title