

Travel-Related 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) traveling:

[Check one] U.S. Citizen Resident Alien Nonresident Alien (Visa Type__)

Person(s) traveling: [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 Weekly Travel Expense Report form for reimbursement):

Reimbursement Dates of Travel: _____ to _____

*Estimated percentage of days expected to be spent on personal endeavors: _____%

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, 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