



FORT HAYS STATE UNIVERSITY  
**FOUNDATION**

**CHECK REQUEST FOR STUDENT AWARD OR PRIZE**

Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_

Payee/Award Recipient: \_\_\_\_\_

Permanent Home Address of Award Recipient: \_\_\_\_\_

Social Security/Tax ID #: \_\_\_\_\_

*(This form must be returned with a W9 that the award recipient fills out)*

**Residency Status of Individual(s) to whom this payment or reimbursement is being made: [Check one]**

US Citizen     Resident Alien     \*Nonresident Alien (Visa type)     Payment not to an individual

Amount of Check: \$ \_\_\_\_\_

FHSU Award or Prize Name: \_\_\_\_\_

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 and 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Control Authorization, if necessary, and Title