



FORT HAYS STATE UNIVERSITY FOUNDATION

TRAVEL RELATED CHECK REQUEST

Date: _____ Prepared by: _____ Phone: _____
 Payee: _____ SS #/Tax ID #: _____
 Address: _____ Student ID #: (if applicable) _____

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

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

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 Travel Agenda): _____

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 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