



FORT HAYS STATE UNIVERSITY
FOUNDATION

CHECK REQUEST FOR 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)

Payee information: [Check all that apply]

US Citizen Resident Alien *Nonresident Alien (Visa type) Student FHSU Employee

Amount of Check *(attach Data Supplement):* \$ _____

Mail Check to Payee OR Send to:

FHSU Award or Prize Name:

Foundation Fund # to be charged:

Name of Foundation Fund to be charged:

Special Instructions:

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:

Required Attachments:

Thank You Note

W9 Form