UNIVERSITY OF TOLEDO FOUNDATION
CHECK REQUEST

THE UNIVERSITY OF TOLEDO
FOUNDATION

To: UTOLEDO FOUNDATION
4510 Dorr St., Mail Stop #820

Telephone: 419-530-7730
Fax: 419-530-2895

Date _____

PAYEE: _____

AMOUNT $ _____

MAILING ADDRESS: _____

_____

_____

If this payment benefits a student in any way, Financial Aid needs to be notified before this request can be processed.
Have you notified Financial Aid?   Yes ☐   No ☐

BUSINESS PURPOSE:
(Include date, location, description, business purpose, and relationship of individuals to UT,
Attach memo if additional space needed.)

_____

_____

_____

Attach original receipts/invoices only. Statements not accepted. If original documentation not available, please attach memo.

CONTACT/ORIGINATOR OF CHECK REQUEST ORDER:

NAME _____   **EXT.** _____   **MAIL STOP#** _____

☐ **MAIL CHECK DIRECTLY TO PAYEE**

☐ **RETURN CHECK TO:** _____   **EXT** _____   Mail Stop # _____

APPROVAL FOR PAYMENT:(Requires (2) signatures)

_____ DATE _____   _____ DATE _____
FUND ADMINISTRATOR 1 (Signature)   FUND ADMINISTRATOR 2 (Signatures)

_____   _____
FUND ADMINISTRATOR 1 (Please Print)   FUND ADMINISTRATOR 2 (Please Print)

FUND
NAME _____   FUND
NUMBER _____

IF PROFESSIONAL OR TEMPORARY SERVICES WERE PAID TO AN INDIVIDUAL, THE INDIVIDUAL NEEDS TO COMPLETE AN IRS FORM W-9 AND SUBMIT WITH THIS FORM.

FOUNDATION USE ONLY

_____ UTF ACCOUNTANT   ☐ 1099   ACCOUNT # _____

ATTRIBUTE # _____

_____ DATE _____   BALANCE _____
FOUNDATION APPROVAL

Revised 12.19.17