

Mississippi University for Women Foundation
CHECK REQUEST FORM

Date of Request: _____ Amount of Request: _____

Vendor Name: _____

Vendor Address: _____

Foundation Fund Name: _____

FOR FOUNDATION USE ONLY:

Expense Account Number: _____

Fund Balance Account Number: _____

Please call when ready: _____ Please mail to the above address: _____

Please mail to campus address: _____

Name/Extension: _____

Description or Special _____

Instructions: _____

(i.e., Due date) _____

Check Requested By: _____

Approved By: _____

Foundation Approval: _____

Send form with invoices or receipts attached to:
MUW Foundation
P. O. Box W-1618, Columbus, MS 39701
(Suite 200, 2nd Floor of Welty Hall)