

**PFW FOUNDATION
Check Request**

PAYEE INFORMATION:

Payee Name: _____
 (If reimbursing a university acct the Payee should be **Purdue University Ft. Wayne**)
 Mailing Address: _____
 Address (cont): _____
 City, State, ZIP: _____

Date of Request: _____ Date Check Needed: _____

Purpose of Expense: _____

Names of Attendees: _____

Special Delivery Instructions: _____

AMOUNT DUE FOR THE FOLLOWING EXPENSES:

Refreshments Purchased for the event..... _____
 Restaurant charges _____
 Catering charges _____
 Other Expenses (itemized below):
 _____ _____
 _____ _____
 _____ _____
 Total: _____

Fnd Office Use Only:	
Vendor ID:	V _____
Object Code:	_____
Date Paid:	_____

Note: If reimbursing a university account, the check will be returned to the departments Business Manager, or the preparer of this check request, for deposit into the university account.

PFW Foundation Account to be charged

Account Name _____
 Account Number (Org Key)..... _____

Prepared by: _____ Ext. _____ Authorized by: _____ Date _____
 (Dean, Director, Chair)

Please use a separate form for each check to be written and paper clip original receipts/invoices.
 Send completed form and all attachments to Diana Jackson, PFW Foundation, Kettler 142.

Compliance Officer Approval (Athletics Only) _____ Date _____