

Mississippi State University Foundation, Inc. Request for Payment

Payee IN: _____
(Identification Number)

Date: _____ **Total:** _____

Payee Name: _____

Prepared by: _____

Address: _____

Phone #: _____

City, State, Zip: _____

Special Handling Requested:

Dept. Head: _____

Department Will Pick Up Check

Dept. Name: _____

Mail Stop: _____

Purpose of Expenditure:

Fund	Orgn. Code	Prog. Code	Fund Description	Acct. Code	Amount

Department Signatures (two signatures required if greater than \$1000)

Primary Signature

Approval Signature

Instructions:

1. Use one request per payee.
2. Keep a copy for your records.
3. Send original to Foundation.
4. Attach original statement of account, itemization, invoices, receipts, list of names of persons attending meals, itemize miles at allowable rate, etc. to payment request and **highlight or circle** applicable amounts of each.
5. Check will be mailed directly to payee unless special handling is checked above.

Foundation Signatures

Director of Finance and Budget

Chief Financial Officer