



Western Oregon University Foundation FUND WITHDRAWAL REQUEST

PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING

Submit a completed copy of this form to **Jan Carlson** at the **WOU Foundation Office, The Cottage**

FUND NAME _____ FUND # _____

ACTIVITY NAME _____ ACTIVITY # _____

OBJECT CODE # _____

Items 1, 2 and 3 must be completed in full.

1. **AMOUNT OF WITHDRAWAL:** \$ _____ **INVOICE #** _____

(Explain and attach documentation for expenses)

2. **PURPOSE OF WITHDRAWAL:** _____

3. **CHECK PAYABLE TO:** Name: _____
Address: _____

If check is to be mailed to someone other than the payee, include: Name: _____
Address: _____

If check is to be picked up by someone other than the payee, include : Name: _____
Phone: _____
Email: _____

4. **SIGNATURES REQUIRED WHERE NOTED:**

	<u>Print name here</u>	<u>Phone</u>	<u>Signature</u>	<u>Date</u>
<input checked="" type="checkbox"/> Initiator of Request	_____	_____	_____	_____
<input checked="" type="checkbox"/> Chair or Director	_____	_____	_____	_____
<input type="checkbox"/> Dean	_____	_____	_____	_____
<input type="checkbox"/> Provost	_____	_____	_____	_____
<input type="checkbox"/> President	_____	_____	_____	_____

Note: Western Oregon University Foundation cannot be utilized for salaries unless the recipient is employed by the foundation or donor specifically designates funds.

For Foundation Use Only

FUNDS AVAILABLE _____

Withdrawal Authorization: _____ **Date:** _____

Foundation Business & Finance Director