



Western Oregon University Foundation FUND WITHDRAWAL REQUEST

PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING

Submit a completed copy of this form to the Western Oregon University Foundation Office, The Cottage, Monmouth, OR 97361.

FUND NAME _____ FUND # _____

ACTIVITY NAME _____ ACTIVITY # _____

OBJECT CODE # _____

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

1. AMOUNT OF WITHDRAWAL \$ _____ Invoice # _____

2. PURPOSE OF WITHDRAWAL: *(explain and attach documentation for expenses)*

3. CHECK PAYABLE TO:
ADDRESS:

If check is to be sent to person other than payee, give name and address/phone:

4. SIGNATURES REQUIRED WHERE NOTED:

Initiator of Request _____ Date: _____

Chair or Director _____ Date: _____

Dean _____ Date: _____

Provost _____ Date: _____

President _____ Date: _____

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 Executive Director