

UCA FOUNDATION CHECK REQUEST FORM

Invoice Number: _____

Date on Invoice: _____

Pay to the order of:

If payable to UCA, UCA Department Index #:

Current UCA Employee? Yes No

Vendor Address:

Current UCA Student? Yes No
Receiving academic credit
for this activity? Yes No

Invoice Amount:

Project Number: _____ Project/Fund Name: _____
(located in the left hand corner of your project activity report)

Description of Expenditure/Additional Info:

Fund Director (required) Print: _____

Signature: _____ Date signed _____

Dean or VP (required) Print: _____

Signature: _____ Date signed _____

Request Contact (required) Name: _____

Email: _____

FOUNDATION OFFICE USE ONLY

Account Number: _____ Description: _____

Account Number: _____ Description: _____

Account Number: _____ Description: _____

Submitted by: _____ Date: _____

Check Processed by: _____ Date: _____

Approved by: _____ Date: _____

Check Number: _____