



**MADISON COLLEGE FOUNDATION - REQUEST FOR PAYMENT**

Please submit with supporting documentation

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**1. Check Request**     Mail to payee     Pick up in Foundation by: \_\_\_\_\_     Interoffice to: \_\_\_\_\_

Payable to (Payee): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**2. Transfer money from Foundation Account to District Chartfield:** \_\_\_\_\_

**3. The Foundation's Chartfield was used for:**

- P-Card     Catering     Duplicating     Postage     Other

**Foundation Account Name:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

Requestor Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ (For requests \$500 and over)

Foundation Use Only	Account Number	Fund Number	Notes
<input type="checkbox"/> Event	02-520001	_____	
<input type="checkbox"/> Innovation Grant	02-515004	0312	
<input type="checkbox"/> Program Activity	02-513001	_____	
<input type="checkbox"/> Foundation Expense	01-_____	0072 (Forward Fund)	
<input type="checkbox"/> Student Grant	02-515003	_____	
<input type="checkbox"/> Scholarship Refund	04-412101 (Fnd Admin)	_____	
	04-416001 (Passthrough)	0252	
<input type="checkbox"/> Other	_____	_____	

\_\_\_\_\_  
Authorizing Foundation Signature

\_\_\_\_\_  
Date

**Foundation Use Only**    Check Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Method of Delivery	Initials	Date
Foundation Accounting Use Only		

\_\_\_\_\_  
Authorized Foundation Representative

\_\_\_\_\_  
Signature of check recipient