



For NAU Foundation Use Only	
Received:	
Fund Balance:	
Signature Authorized	Fund Usage Verified

# Check Request Form

**Date:** \_\_\_\_\_ **Amount of Payment:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Box#:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Charge the expense to:** \_\_\_\_\_ **Fund Number:** \_\_\_\_\_ **Fund Name:** \_\_\_\_\_

**Payee Type (choose one):** \_\_\_\_\_ **Department (Foundation managed funds):** \_\_\_\_\_

**Individual/Business Name:** \_\_\_\_\_

**NAU Local Reimbursement:** Speedchart # \_\_\_\_\_ Fund Code \_\_\_\_\_ Program Code \_\_\_\_\_

*NOTE: Submitted must verify 533910 line is open for all local reimbursements. Failure to open this line item may result in returned check request form.*

**Purpose of expenditure:**

**Check Delivery**  
(returned to submitter only): \_\_\_\_\_

**Authorized Signature\*:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Campus Mail Box:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**Additional notes for completion of form:**

- o \*Curly font signatures will **NOT** be accepted.
- o All new vendors are required to complete the latest version of the W-9 form. Please visit the IRS website to obtain the latest version.
- o W-9 Form must list permanent address to ensure receipt of 1099 form.
- o All requests must accompany appropriate documentation. Requirements for supporting documentation and allowable expenditures can be found in the NAU Foundation Disbursement Policy.
- o The Foundation will accept authorized signatures from the following individuals within each department: VPs, Deans, Associate Deans, Directors, and designated fiscal operations staff within the college.
- o Completed check request with required documentation must be submitted via email to FoundationFinance@nau.edu. The request and backup should be consolidated in **one legible file**.
- o Please contact FoundationFinance@nau.edu for any questions or access to online fund reporting.