

Form 8: Check Request

			Phone	
Date Submitted	Department Name	Contact Person	E-mail	

Payment Information

Check Payable To:	Name	
	Address	
	City/State/Zip	

Description /Business Purpose of Expense:

Amount Requested		Project Identification No.	
		Account Name	

Additional Documentation Required for Travel and Entertainment Expenses

Date of Expense (when):		
Location (where):		
Names and Business Affiliation of Individuals Entertained:		Travel Expenses (Totals of Each)
		Airfare \$
		Baggage \$
		Parking \$
		Car Rental/Taxi \$
		Mileage \$
		Hotel \$
		Meals \$
Other \$		
If Missing Original Receipts/Documents	Complete "Missing Original Receipt Form" for each missing original receipt	

Approvals

The undersigned certify that funds are expended in accord with the terms and conditions established by the donor as well as the policies and procedures established by the LSU Health Sciences Foundation.

Business Manager	Printed Name		Date:
Account Custodian	Printed Name		Date:
Department Head or Dean	Printed Name		Date:
Chancellor or VC Finance	Dr. Ghali or Ms. Rives		Date:
Executive VP/CFO	Brigette Rose or K. Flood		Date:

Complete form, attach documentation, obtain authorized signatures from your department and submit to the Foundation through interoffice mail.