

SOUTHERN OREGON UNIVERSITY FOUNDATION

1250 Siskiyou Boulevard • Ashland, OR 97520 • (541) 552-6127 • www.soufoundation.org

CHECK / FUND TRANSFER REQUEST

Third Party Payment Transfer to SOU Transfer between Foundation Funds

Requested by: _____ Department: _____ Date: _____

TOTAL AMT: \$ _____

PAY TO THE ORDER OF:

Name: _____

Address: _____

City, St Zip: _____

Send via campus mail Hold for pickup: Call _____ Send to address above

CHARGE TO FOUNDATION PROJECT(S):

Project #1 _____ Fund Name: _____ \$ _____

Project #2 _____ Fund Name: _____ \$ _____

Project #3 _____ Fund Name: _____ \$ _____

Project #4 _____ Fund Name: _____ \$ _____

PURPOSE:

- 1) For Third Party check requests, please attach original receipts and any other supporting documentation.
- 2) For SOU Fund Transfers with multiple purposes, please breakdown each purpose w/ corresponding dollar value.

Purpose #1 _____ \$ _____

Purpose #2 _____ \$ _____

Purpose #3 _____ \$ _____

Purpose #4 _____ \$ _____

AUTHORIZED / APPROVED BY: Account Signers (signatures)

Name: _____ Signature: _____

Supervisor: _____ Signature: _____

FOR FOUNDATION USE ONLY:

Project: _____ GL Code: _____ Amount: \$ _____

Project: _____ GL Code: _____ Amount: \$ _____

Project: _____ GL Code: _____ Amount: \$ _____

Project: _____ GL Code: _____ Amount: \$ _____