

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 Admin | Dr. Guzick or J. Katzman | | Date: |
| Foundation CFO/CEO | Brigette Rose or K. Flood | | Date: |

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