

Radford University Foundation, Inc.
PO Box 6915 Radford, VA 24142
(540) 831-5108
Payment Request Voucher

Description of item(s) being purchased or services rendered	Invoice Number	Amount
Total		
Sales & Use Tax		
Grand Total		

- ALL expenditures require support by original invoice or documentation
- Purchases from vendors using Foundation funds are not exempt from sales & use taxes, including Radford University.

THIS SECTION MUST BE COMPLETED INCLUDING ZIP CODE AND FEDERAL ID OR SOCIAL SECURITY NUMBER

Name & Address of Payee: _____
 Send check to:
 (If different than
 payee's address)

Federal ID No. or Social Security No. _____
 (Required for payment to individuals and/or non-corporate vendors)

Foundation Account to be charged _____ Foundation Account No. _____

Payment Requested by: _____ Signature _____ Phone: _____

Campus Box Number: _____

I RECOGNIZE THAT MY ADMINISTRATIVE POSITION GIVES THE AUTHORITY TO ACT AS THE GUARDIAN OF THE ABOVE NAMED FOUNDATION ACCOUNT. TO THE BEST OF MY KNOWLEDGE, THE ABOVE PAYMENT REQUEST MEETS THE RESTRICTIVE PURPOSES OF THE ACCOUNT.

Approved by: _____ Signature _____ Date _____ Unit Head or Dean of College

Approved by: _____ Signature _____ Date _____ Vice-Provost

Approved by: _____ Signature _____ Date _____ Provost/University Vice-President

Approved by: _____ Signature _____ Date _____ University President or Designee

For Foundation Use Only:

Check No. _____ Check Date _____ Account No. Charged _____ Audited by _____

Approved by: _____ Date _____
 Executive Director or Authorized Officer of the
 Radford University Foundation, Inc.

INCOMPLETE VOUCHERS WILL BE RETURNED UNPROCESSED