

**NGCSU FOUNDATION, INC.**  
**PAYMENT REQUEST**

DATE: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

PAYEE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FEI: \_\_ - \_\_\_\_ - \_\_\_\_ (Business) OR SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Individual)

INVOICE DATE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

INVOICE AMOUNT: \_\_\_\_\_

FOUNDATION ACCOUNT TO BE CHARGED: \_\_\_\_\_

PURPOSE OF EXPENDITURE: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Please indicate name of project or program, if applicable, and why this expenditure is necessary. If for meals, indicate persons or name of group attending (example: attach a copy of the program/invitation). This information is required by independent auditors and by the IRS.*

Request payment of above expenditure that was incurred while conducting official business on behalf of North Georgia College & State University:

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

*Please initial **original** (photocopy unacceptable) invoices/receipts to verify receipt of goods and/or services and correct prices. Attach documentation to this form and send to: Accountant, NGCSU Foundation, Campus Mail.*

-----FOUNDATION USE-----

**DISTRIBUTION**

Fund #	Account #	A/C Name	Amount
_____	_____	_____	_____
Fund #	Account #	A/C Name	Amount
_____	_____	_____	_____
Fund #	Account #	A/C Name	Amount
_____	_____	_____	_____
Fund #	Account #	A/C Name	Amount
_____	_____	_____	_____
Fund #	Account #	A/C Name	Amount
_____	_____	_____	_____

APPROVAL: \_\_\_\_\_  
Jeffery S. Boggan, Director

APPROVAL: \_\_\_\_\_  
Paul Stringer, Secy

APPROVAL: \_\_\_\_\_  
Edward J. Nix, Chairman

APPROVAL: \_\_\_\_\_  
Bruce Howerton, Exec Direc