

Check/Payment Request

- Please email these items to foundationfinance@waketech.edu
1. This completed Payment Request form
 2. Documentation (receipts, invoice, etc.)

Payee/Vendor

Name: _____ Student ID #: _____
(if applicable)

Address: _____

City: _____ State: _____ Zip: _____ Is this a new address? Yes No

Requestor: Self
Other: _____

Payment Information

Request Date: _____ Please Pay By: Check
m/d/yyyy

Total Paid: _____ Credit Card
auto-calculates totals below

Invoice # / Reason for Request: _____

Account # Foundation Use Only	Total	Description	FUND ID (Ex: WTID)

Delivery Information

Mail check to address above Other:
Send through inter-office mail

Approvals*

***The Foundation office will collect all signatures through DocuSign.**

Payee/Requestor	Date	
Fund Proprietor/Supervisor	Date	
Matt Smith	Date	Reviewer Initials
Executive Director, Foundation		