Check/Payment Request

WAKE TECH FOUNDATION

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 (See DELIVERY INFORMATION below)
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   CREDIT CARD: Enter vendor's phone number or website with login info.
Send through inter-office mail
Hold for pickup

Approvals*

The Foundation office will collect all signatures through DocuSign.

_____   _____
Payee/Requestor   Date

_____   _____
Fund Proprietor/Supervisor   Date   _____
                                                              Reviewer Initials

_____   _____
Matt Smith   Date
Executive Director, Foundation